

# CHILD AND FAMILY SERVICES PLAN

(Integrated County Plan)

May 1, 2004 – December 31, 2006

## MONROE COUNTY

Monroe County Department of Human and Health Services  
Child and Family Services Division  
Rochester-Monroe County Youth Bureau

Submission Date February 1, 2004

This Child and Family Services Plan including the Strategic Component, the Administrative Component – Department of Social Services\* and the Administrative Component – Youth Bureau\* covers the period of May 1, 2004 to December 31, 2006. The plan contains County Outcomes and Strategies to be undertaken that respond to community needs by the Youth Bureau for youth development and services and by the District in the areas of Adoption, Foster Care Services for Children, Preventive Services for Children, Protective Services for Adults, Protective Services for Children, Other Adult Services, and Other Children and Family Services. In addition, the Plan contains a description of public participation. The plan contains estimates of expenditures and program information.

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**\* The Child and Family Services Division, formerly a division under the Department of Social Services, and the Rochester-Monroe County Youth Bureau, formerly a separate county department, are now divisions of the Monroe County Department of Human and Health Services.**

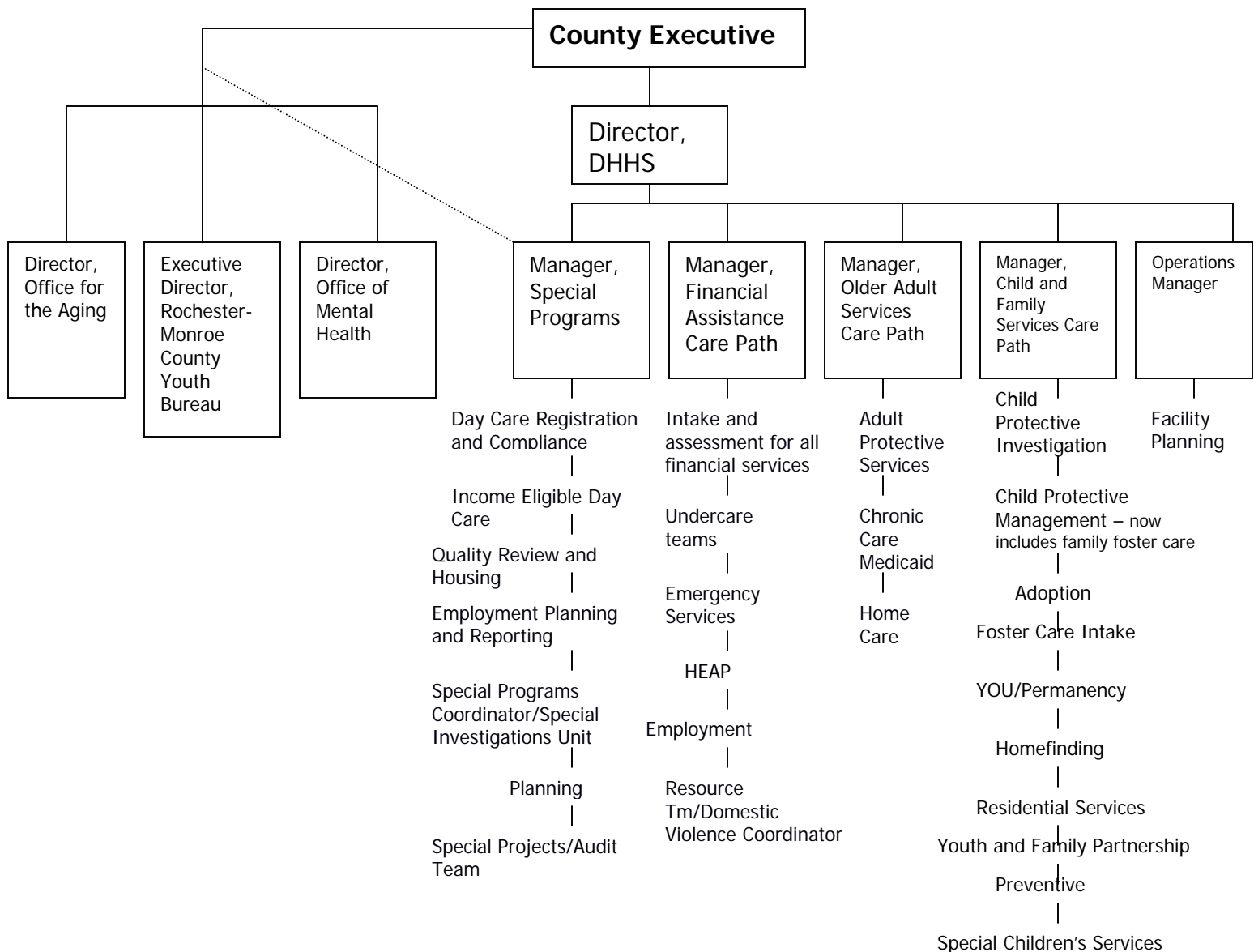
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## Outcome Framework/Mission/Vision

### I. Outcome Framework/Mission/Vision

In 2002 and 2003 Monroe County local human services departments were faced with a major budget deficit of approximately \$45 million dollars. Simultaneously, the Monroe County Executive Administration invited local consultants to complete a full analysis of the Monroe County Departments of Health and Social Services to determine streamlining of services and cost savings mechanisms. The result was a merger of the Monroe County Departments of Social Services which included the Child and Family Services Division, Division of Temporary Assistance, and Medicaid Division; the Monroe County Office of Mental Health; Office for the Aging; Rochester-Monroe County Youth Bureau; and Early Intervention/Education for Children with Disabilities, formerly part of the Health Department. The new Monroe County Department of Human and Health Services came to fruition on January 1, 2003. The following is an organizational chart for the Department of Human and Health Services as of January 16, 2004:



## **Outcome Framework/Mission/Vision**

The graphic on the following page presents the missions and visions of DHHS and its divisions.

Please note that the Monroe County Department of Human and Health Services adopted the Monroe County's Vision as their own, but the Monroe County Personnel Department has given the choice to county divisions to develop their own visions as well.

The Monroe County Department of Human and Health Services deems the following as stakeholders:

Stakeholders: Children, youth, adults, older adults, families, employees, community, Monroe County residents of all ages, funders, regulatory agencies, community based organizations.

## Outcome Framework/Mission/Vision

### **Monroe County Vision:**

Monroe County is a community of choice that is economically prosperous, healthy, safe and fun. We attract employers, skilled workers and visitors because our community offers:

- Stable property taxes
- Safe, secure neighborhoods
- A wide range of recreational and cultural activities
- Collaboration among the County's municipalities to create a sound governmental infrastructure
- Quality housing at affordable prices
- Partnerships to improve the health of its citizens and the environment
- Outstanding educational opportunities through a wide variety of institutions of higher learning

These factors make Monroe County a community where our children and grandchildren want to stay and raise their families.

The Monroe County Department of Human and Health Services has adopted the Monroe County's vision as their own.

### **Monroe County Department of Human and Health Services Mission:**

The Monroe County Department of Human and Health Services will provide services, supports, and opportunities to Monroe County residents of all ages to assist them in achieving and maintaining self-sufficiency, independence, safety, permanency, physical and emotional well-being, and optimal development while maximizing customer and employee satisfaction and fiscal responsibility. Services are purchased or provided directly in a collaborative, coordinated approach.

\* This mission was created with outcomes in mind and will be revisited in the outcomes section (section IV).

**Additional Youth Bureau Vision:**  
We promote a positive future for all youth.

### **Additional Child and Family Services Division Vision:**

The Child and Family Services Division provides direct and purchased services to children, families, and individuals. Through the Child and Family Care Path:

- Individuals will achieve their highest level of independence
- Clients and care providers will responsibly collaborate to utilize services effectively and efficiently across internal care paths
- Permanency and safety in children's lives will be established promptly through legal intervention, preventive services, or medical assistance
- Children will experience positive emotional, physical, and mental development
- Employees will be empowered to develop innovations and efficiencies in meeting the health, economic, and social needs of its customers to whom they provide care
- Care providers will utilize best practices in implementing care plans
- Partnerships will be strengthened with other public and private agencies to maximize coordination of decentralized, community-based services

## Outcome Framework/Mission/Vision

### II. Planning Process:

#### A. Description of Planning Process

##### **OPERATION: *TRANSFORM!***

Monroe County has seen a major transition concerning human services since the last Integrated County Plan was written. 2002 brought about a county budget crisis with a projected 2003 shortfall of approximately \$30 million. This resulted in initial cuts to 2002 contracts that provide Preventive Services to families at risk for abuse and/or neglect and foster care placement. While preparing for the 2003 budget, the County Executive hired a group of local consultants to determine the possibility of reducing costs in the Health and Social Services Departments. Their recommendation was a client focus/process centered design that would increase customer and employee satisfaction and improve fiscal responsibility. This design included the merger of the Department of Social Services, the Office of Mental Health, the Monroe County Office for the Aging, the Rochester-Monroe County Youth Bureau, and certain Department of Health Functions. The major goals of this transition were to improve customer and employee satisfaction and to increase fiscal responsibility.

This initiative was titled, Operation: *Transform!* Many teams were put in place during the planning phase. A Steering Committee was formed which owned the initiative's goals and drove the goals of other supporting teams. The Steering Committee was comprised of department heads and managers of the merging departments, along with other key personnel from the County Executive's Office, other County Departments and employee unions to provide oversight during the transition. An Operating Committee owned the activities of the Human and Health Services Transition by reviewing plans and making recommendations to ensure that goals were met. They provided oversight and support. The Operating Committee consisted of leaders of the Implementation Teams, along with key personnel from other county departments. Leaders of the Implementation Teams represented the merging departments as well.

Implementation Teams were formed to focus on specific tasks as defined by the new streamlined way in which work was to flow. For example, all services were to be opened through intake, provided ongoing care through care management and then transitioned. Therefore, "Intake," "Care Management," and "Transition" teams were created. Furthermore, merging departments were to combine their supportive functions. As a result, "Information Services," "Human Resources," "Finance," and "Contract Management" teams were formed. The kickoff for Operation Transform occurred on August 30, 2002.

It is important to note that at this same time, between August and October of 2002, more than 200 staff left the Department of Social Services through a combination of early retirements and layoffs. Others, and only a few, were laid off. This was a

## Planning Process

reduction of nearly 20% of the staff at the Department of Social Services prior to the merger. The Youth Bureau experience 45% reduction in staffing.

Operation: *Transform!* Implementation Teams consisted of 124 staff from the merging departments and other county departments. Of those 124 staff, 20 were from the Child and Family Services Division and the Rochester-Monroe County Youth Bureau. A few Child and Family Services staff and Rochester-Monroe County Youth Bureau held leadership positions during the transition as well. For example, the Human Services Planning Coordinator led the Transition Team while the Youth Services Planner from the Youth Bureau led the Care Management Team. The Director of the Rochester-Monroe County Youth Bureau was asked to be and accepted the position of Operations Manager for Operation: *Transform!*

Teams met throughout September and presented their implementation recommendations to the Steering Committee on October 4, 2002. After much consideration, some of the initial plans were altered during October. For example, it was decided that not all services could be opened with one Intake process. Due to the unique nature of some services, such as Child Protective Services, only Financial Services would be housed under the new Intake process. It was also determined that the Care Management processes would remain separated among Financial, Child and Family, and Adult services.

Soon after October 4 and the first recommendation presentation, new teams were formed, many with other employees to carry out other needed processes before the actual implementation. This phase was called the "Process" phase and its goal was to provide further detail to the implementation plan. These teams began meeting toward the end of October and were named, "Program Specialty," "Affected Staff," "Key Measures," "Child and Family Care Path Design," "Process Mapping," "'Pilot' Workgroup," "Contract Integration," "Older Adult Care Path," "Cross Training," "IT Integration," and "Immediate Opportunities." 114 staff participated on these teams, with 20 from the Child and Family Services Division or the Rochester-Monroe County Youth Bureau. The Youth Services Planner of the Rochester-Monroe County Youth Bureau was the Process Leader for this phase. A local OCFS staff person participated on the Child and Family Care Path Implementation Team as well.

Town Meetings open to all staff from the merging departments and were held every two weeks during this phase in order for the Process Team to present their progress and to obtain feedback from staff. The Process Team presented to the Steering Committee on December 6, 2002.

On January 1, 2003, the Monroe County Executive announced the new Department of Human and Health Services. At that point the Rochester-Monroe County Youth Bureau and the Child and Family Services Division now fell under one managing body. Later on in 2003 they were co-located.

## Planning Process

On December 6 Phase I Implementation took place, which included the new Financial Care Path Intake process going “live.” Other teams continued to work on their plans. The Child and Family Care Path team continued to meet through March. Their final report was completed on April 15, 2003, and was presented to the steering committee shortly after.

Plans to reorganize Child and Family Services were made early in the process to accommodate staff reductions in part due to the loss of a number of staff and the need to realize staff to complete the work. A plan was finalized in October 2002 and implementation took place in the winter of 2003. The goals of the reorganization follow along with the goals of Operation: *Transform!* and are as follows:

- Restructure child welfare operations to provide required client services effectively and efficiently with current resources;
- Provide a stable organizational structure and leadership to support staff and contractors in carrying out their work responsibilities and transitioning into future models;
- Align the interim Child and Family Services organization toward the principles, processes, and structures recommended in the County restructuring plan for Human Services

The Principles used to guide the interim reorganization are as follows:

### **I. Focus on Core Functions**

- Services/functions required by law and regulation;
- Practice activities supporting safety, permanency, self-sufficiency, family preservation;
- Prioritize internally for highest risk families and children (e.g. types of cases, time limits for child welfare involvement);
- Prioritize agency contracted resources for agency high-risk families, children, and individuals;
- Give up what we don't have to do

### **II. Focus on Improvements**

- Get rid of work redundancies (more than one DSS worker active on a case, do it right the first time instead of rework, fewer handoffs/transfers of families, does activity add value or enough value);
- Consider value of more generalist approaches versus specialist;
- Drive work to lowest level able to handle complexity;
- Support research based programs in both direct and contracted work;
- Develop a division wide standard for contracted services incorporating clear, measurable expectations for service delivery, communication, and systems of support and accountability (based on contracted Preventive Services model)

The resulting structural and functional changes are provided in attachment 4, which is a presentation made to the staff just prior to the reorganization. To summarize, the resulting major changes are:



## Planning Process

- Eliminated redundant work efforts;
- Accommodated staff reductions;
- Streamlined case flow, ensuring that cases moved efficiently through the child welfare system with a minimum number of "handoffs" between teams and workers;
- Reduced the number of caseworkers involved in a single case;
- Clarified division-wide service delivery standards for employees and contractors;
- Improved coordination with contractors;
- Combined intake and case management responsibilities, allowing caseworkers to assume greater responsibility for safety and permanency outcomes;
- Maintained a primary focus on the safety of children and their need for permanent, stable family relationships;
- Maintained the maximum amount of available resources in the most critical areas of the child welfare system;
- Eliminated administrative positions and realigned administrative responsibilities to support the emphasis on process-orientation at DHHS, assist casework staff in effectively fulfilling their child welfare responsibilities, and improve cross-functional cooperation within Child and Family Services.

In addition, the "Child and Family Care Path Design," team made recommendations for improvements in the following areas:

- The provision of services to prevent (or reduce the need for) foster care placements;
- Coordination between Child and Family Services and Financial Assistance Services; and
- The potential use of mediation in Family Court to improve safety and permanency outcomes for vulnerable children.

The complete plan for Child and Family Services provided the following **gains in effectiveness and efficiency**:

- Improved allocation of staff resources;
- Better targeting of Preventive Services so that the services are provided more often to DHHS child welfare clients who have the greatest need for them;
- Improved organizational ability to focus efforts on entire families instead of selected individuals, thereby improving child welfare outcomes for children;
- Improved cross-system communication, understanding, and cooperation between divisions within Child and Family Services;
- Improved cross-system communication, understanding, and cooperation between Child and Family Services and Financial Assistance Services staff.

The plan also called for **total cost savings of \$5,587,395** to Monroe County in 2003:

## Planning Process

- Foster care services: \$3,664,750
- Day care services: \$ 348,575
- Preventive services: \$224,070
- Staff reductions: \$1,350,000.

Eight other internal and external areas were identified by the “Child and Family Care Path Design” team for future improvement activities, which will be addressed in 2004-2006. It is important to note that these changes highlight collaboration and coordination both with the merged internal human services departments and external human service agencies as well. These are:

- Youth development programs (internal);
- Placement resources for children with mental health problems (internal);
- Coordinated planning with other divisions of DHHS (internal);
- Placement resources for children with mental health and developmental disabilities (external);
- Education system (external);
- Mental health (external);
- Family Court system (external); and
- Child Support Enforcement (external).

The 2002 and 2003 changes in Child and Family Services will be sustained in 2004-2006. However, preparation for the 2004 Monroe County budget posed more financial challenges with a projected shortfall of \$41.7 million. Although measures were taken to reduce this gap, MCDHHS Preventive Programs were targeted to be cut by approximately \$4.8 million. These cuts have not yet been confirmed as of January 2004, but if finalized could hinder attempts at reaching DHHS goals of protecting children and families from abusive and neglectful situations. Fewer opportunities for families to receive preventive services could also result in an increase in foster care placements.

The Youth Bureau also underwent structural changes during this time. As mentioned, the Executive Director of the Youth Bureau accepted the position of Operations Manager for Operation: *Transform!* and eventually became the Operations Manager for the Monroe County Department of Human and Health Services. In addition, the Youth Services Planner, who was the ICP co-coordinator took a major role in the reorganization and then became the Special Programs Manager for the new department. A Youth Bureau Monitor was also transferred out during the reorganization to support the new contract management office. As a result, three staff vacancies were frozen during the reorganization due to the budget crisis.

The major structural change for the Youth Bureau that occurred as part of the reorganization was its merger into the Monroe County Department of Human and Health Services under the Special Programs Division. Prior to the merger, the

## Planning Process

Rochester-Monroe County Youth Bureau was a separate county department. Contract preparation and execution were also removed from the DHHS Departments and sent to the newly created contact management office.

The Youth Bureau also was forced to reduce staffing and contracts. In 2003 contracts, county funds were reduced by 72%. Administration was reduced by 28% of county funds. In addition, due to the loss of county funds, most Youth Bureau contracts experienced an average of a 10% to 12% cut.

Between 2002 and 2003, with a decrease in county funds to support youth programming, the Youth Bureau budget went from an 80% to 20% ratio of state funds to county funds to a ratio of 96% to 4%. Thus, the majority of the program budget is now state aid.

Throughout the next three years, planning and process need to occur to address how to continue to serve youth of the community with the reductions that have occurred.

In the midst of this reorganization, Integrated County Planning processes as identified in the 2000 - 2003 plan continued to take place. Shortly after the first Integrated County Plan was written, the Youth 2000 Team, which was comprised of key community partners from public and private systems and whose goal was to build the vision and foundation necessary to reach ICP goals, disbanded into three committees. These committees took on the goals for the priority focus areas determined by the first Integrated County Plan: Community Development; Family Development; and Youth Development. The following sections present the planning processes, participants, and outcomes of the three priority focus areas.

### **ICP PRIORITY FOCUS AREA: COMMUNITY DEVELOPMENT:**

After much consideration by those taking part in the ICP from the Youth Bureau and the Child and Family Services Division, it was decided that Monroe County had a strong foundation of Community Development in their work with the Asset Approach. The Rochester-Monroe County Youth Bureau began its efforts in 1996 of introducing the Asset Approach to Monroe County by inviting Peter Benson from the Search Institute to present at a forum for those working with youth in the local area. The community welcomed the Asset Approach and those that work with youth began to organize asset-based activities. The Community Asset Partnership network began meeting in 1999 and is facilitated by the Rochester-Monroe County the Youth Bureau. At this point there are approximately 35 members of the Community Asset Partnership Network. This group continues to meet monthly to discuss and share ideas to promote the Monroe County Asset Initiative. In addition, local asset builders and youth attend the Healthy Communities/Healthy Youth Conference yearly. This conference serves as a major tool for local planning for the asset initiative.

## Planning Process

Since 2001, the Youth Bureau and the MCDHHS Sr. Human Services Planner have been working together to introduce and support asset language and philosophy in Child Welfare; specifically, in the Child and Family Services at MCDHHS. The goal is for child welfare workers and purchased preventive and foster care providers to infuse the asset language into their daily interactions with youth. It is also hoped that these workers can more greatly influence the infusion of the asset approach into families and communities. In 2002 the Preventive Services Supervisor for Child and Family Services attended the National Search Institute Conference and in the same year, the Asset Coordinator at the Monroe County Youth Bureau presented at the Monroe County Annual Foster Parent Conference to two groups of foster parents. Although this project is moving slowly, it is still identified as an important step for asset development in Monroe County.

Previous as well as present planning processes also identified the following for the 2004-2006 planning cycle:

- Continue to support the Asset Partnership Network and building community wide asset development while also addressing its long-term sustainability and growth
- Explore Asset Based Community Development (ABCD) as an approach and strategy to increase natural supports for youth and their families within neighborhoods
- Continue to provide technical assistance and training appropriate to communities and their residents, as well as other sectors, in the areas of asset development, positive youth development, community youth development and effective youth-adult partnerships
- Work with the Ad Council, Youth Services Quality Council and the Asset Partnership Network to design and implement a Positive Youth Development Campaign to affect adult behavior change
- Complete strategies relating to improvement projects targeted at meeting outcomes

### **ICP PRIORITY FOCUS AREA: FAMILY DEVELOPMENT**

In January 2001, a representative group from Child and Family Welfare Agencies and a former Child Welfare Consumer began to discuss plans for the Family Development priority focus area. The planning team identified which child welfare models and strategies were showing or had shown promise. Strengths based methods, resiliency promotion, and parenting skills development programs were areas that the planning team researched and assessed for possible implementation. After much discussion and more research it was decided that parenting skills development programs would be pursued. These programs could be more easily identified, measured, and purchased. At that point, the planning team decided to gather funders together to discuss their proposal and solicit ideas on moving forward.

## **Planning Process**

In January 2002, major funders of mental health, child and family, youth, and health services were gathered. The result was an agreement to pursue the identification and implementation of research based parenting skills development programs. A list of human service, health, and mental health representatives was also compiled and were subsequently invited to take part in this process.

In the Spring of 2002 representatives from eight child welfare and one mental health agency and a former child welfare services consumer were invited to begin to plan for the implementation of a research based parenting skills development program. The planning team determined that the target population would be existing families in the Department of Social Services and Mental Health Systems that have been identified as having family and parenting problems and are in the highest need of strengthening their parenting skills. The planning team also developed a rating system through which they would further rank programs that were identified by two groups of researchers, the Blueprints for Violence Prevention Program and a joint effort by the Center for Substance Abuse Prevention and the University of Utah, as showing the highest level of effectiveness. This rating system incorporated components of programs that the team decided were necessary for the populations being served. Once the programs were ranked and a survey was sent to current parenting providers that identified a need for research based parenting programs in the community, it was decided that The Incredible Years Basic Parenting Program for parents of two to seven year old children would be implemented.

Seven Preventive Agencies and one Mental Health Agency agreed to implement the Incredible Years Basic Program. During the winter and spring of 2003 the planning team determine a schedule through which these parenting programs would be offered in the community and considered factors such as time, location, and the level of cultural competency of the staff providing the trainings. Agencies attended two trainings to prepare for implementation. One was provided by the Blueprints for Violence Prevention Programs and highlighted the importance of implementing with fidelity and the other was the actual training for facilitators and was provided by an Incredible Years trainer. All materials and trainings were funded by Integrating County Planning dollars and a generous donation by the City of Rochester.

In September and October of 2003, the eight agencies began implementation. Facilitators gather monthly to discuss challenges and successes and are following evaluation procedures. The original parenting program implementation planning team continues to meet to oversee the implementation and will assess results. They will also discuss in 2004 the possibility of implementing a research based parenting program for parents of older children. This collaborative model of parenting skills development delivery is projected to continue as long as funds are available to support preventive and mental health programs.

## Planning Process

Previous as well as present planning processes also identified the following for the 2004-2006 planning cycle:

- Continue to target appropriate families with the highest need for Preventive Services in response to changes in funding levels
- Practice activities supporting DHHS outcomes of safety, permanency, and self-sufficiency
- Incorporate ways to provide services that are effective and efficient, such as exploring other research based/evidence based program models
- Increase fiscal responsibility by supporting current cost savings projects such as improving eligibility processes and reducing out of home placements
- Continue to support the principles, processes, and structures recommended in the County restructuring plan for Human Services
- Explore and promote a more coordinated relationship among Child and Family Services and other Department of Human and Health Services Divisions
- Support and sustain the improvement of cross-system communication, understanding, and cooperation between units within Child and Family Services
- Complete strategies relating to improvement projects targeted at meeting outcomes

### **ICP PRIORITY FOCUS AREA: YOUTH DEVELOPMENT**

Beginning in January 2001, the Youth Bureau invited youth planners and representatives of youth serving agencies together to plan in the priority focus area of youth development. Representatives from the Youth Bureau, the Office for Mental health, Child and Family Services at the Department of Social Services, United Way, the City of Rochester School District, and CHANGE/School Community Partnerships. The Youth Development planning team determined their scope of work to include: 1. Assess existing resources; 2. Identify practices, models and strategies that work; 3. Make recommendations.

Following the Communities that Care prevention model, the group conducted a resource assessment to build an accurate picture of the resources available that impact the identified priority areas. Information on existing programs operated or connected to the United Way, the Department of Social Services, OASAS, or the Youth Bureau was collected. An inventory was created and listed the programs according to the following types of strategies being implemented: Youth Development; Skill Development; Parent Training; Parent Involvement; School Climate; Classroom Instruction/Organizational Strategies; and Community Mobilization. In addition, the inventory also included the number served by the programs, the type of research based program it was based on, if any, and if it the program reduces risks or builds protection against risk. Prevention level also was identified in the inventory.

Once the resource inventory was complete, the planning team determined that there were many opportunities where programs were not supported by a research based

## Planning Process

curriculum and could, therefore, work with the Youth Bureau to assess the appropriate curriculum to consider. In the meantime, the Youth Bureau compiled Research Based Program Models: A Resource Tool. This tool presents research-based programs that have undergone strong credible research and have strong theoretical foundations. It was created for youth, family and community serving entities to learn, study and further investigate research based programs that are proven to be effective. Programs are organized according to the ICP priority focus areas. The strategies incorporated by the programs and their outcomes are provided as well. The planning team decided that they would bring the tool back to their representative agencies to encourage research based program implementation. The tool was also made available to the human services population and the greater public through the Monroe County website.

Since September 2001, ICP partners supported through their planning efforts the implementation of two different research based youth development programs. In 2002, the Youth Bureau sponsored a training for Peacebuilders, which is a community based program for schools to create a peaceful climate where risk factors are reduced and protective factors are built. Approximately forty people from approximately six organizations were trained. In 2002, the Youth Bureau purchased the Peacebuilders curriculum for East and West Irondequoit School Districts. Furthermore, in 2003 ICP planners worked with the University of Rochester to train, purchase, and implement PATHS, a violence prevention curriculum that builds social and emotional competency. Twenty-five teachers and other staff from School Number 9, which is located in a high-risk area of Rochester, were trained. According to a psychologist from the University of Rochester that worked on the implementation of this program, in the first few months of the 2003 school year, classes with teachers trained in this curriculum needed less disciplinary referrals than typical to the principal's office.

Although ICP funds will no longer be available in the upcoming years, ICP partners are now skilled on research based selection and implementation and are available to provide technical assistance and planning for other youth and family serving organizations. ICP planners are also available to research funds to support these efforts. This availability for technical assistance and the researching of funds will be promoted to funded organizations in the 2004-2006 planning cycle.

Previous as well as present planning processes also identified the following for the 2004-2006 planning cycle:

- Continue in the areas of best practices, evidence based/research based programs, skill building in youth development measurement, staff and organizational infusion of youth development
- Provide higher quality and more effective services
- Increase awareness of programming and opportunities to ensure that what is provided to youth is what is relevant to youth

## Planning Process

- Complete strategies relating to improvement projects targeted at meeting outcomes

## DETENTION SERVICES

A Detention Plan for Monroe County was also written during the 2004-2006 ICP planning process. This plan includes data on the secure and non-secure detention system, outstanding issues, and plans for program improvement, including outcomes. Information regarding Detention is also included in the Needs Assessment and Outcomes sections of this 2004-2006 Integrated County Plan. The Detention Plan can be found in attachment 5.

## ADVISORY BOARDS

Advisory Board for the Department of Social Services *(although the merged department is titled, the Department of Human and Health Services, there is still an advisory board for the Department of Social Services due to state regulations)*

The Citizens Advisory Council for the Department of Social Services has three subcommittees: the Temporary Assistance/Medicaid Subcommittee; the Adult Protective Services Subcommittee; and the Children and Family Services Subcommittee. The Children and Family Services Subcommittee and the Adult Protective Services Subcommittee have been kept informed and have offered feedback on both Operation: *Transform!* and Integrated County Planning efforts. The following are agenda items that have been covered for the *Children and Family Services Subcommittee* since January 2001:

- Integrated County Plan
- Day Care
- Keeping Kids Safe/Child Abuse Prevention Campaign
- Foster Home Recruitment
- CPS Investigation
- Monroe County Budget
- Adolescent services
- Medicaid/Child Health Plus
- PINS 18 Law
- Youth and Family Partnership
- Family Treatment Court
- Domestic Violence and CPS Collaborative
- Operation: *Transform!*
- ICP Parenting Skills Development Initiative
- Emergency Services Collaborative
- Operation: *Transform!* – Child and Family Services Planning

There has been a major initiative on the part of the Children and Family Services Subcommittee to initiate and maintain consumer participation. During the past three years five new consumers were oriented and attended meetings. It is the goal of the subcommittee to maintain this number of consumers on the subcommittee.

The Children and Family Services Subcommittee will continue to annually review each of the major program areas in child welfare and identify improvement opportunities.

The Adult Protective Services Subcommittee meets once a month and has also been kept abreast of both Operation: *Transform!* and Integrated County Planning efforts.



## Planning Process

The following are agenda items that have been covered for the Adult Protective Services Subcommittee from 2001-2003:

- Multi-disciplinary Approach to Elder Abuse/Prevention
- NYS Elder Abuse Summit
- Video Presentation: Elder Physical and Sexual Abuse
- Adult Abuse Conference]
- SEAM (Stop Elder Abuse and Mistreatment)
- Older Women and Domestic Violence
- Multidisciplinary Elder Abuse Prevention Teams
- Rochester Community Mobile Crisis Team
- Health Insurance Portability and Accountability Act
- Via Home Health Care – the role of the social worker in the hospital and home care settings
- Home Care Services – DHHS
- APS Mandatory Reporting Bill
- APS and DHHS Reorganization
- Domestic Violence Consortium Directory

### Youth Board

The Rochester-Monroe County Youth Board is charged with advising the Youth Bureau on its activities and mission. The Board is comprised of youth and adult members from across Monroe County. The Board is revising its by-laws adding a conflict of interest policy and focusing more on the recognition of youth development efforts within the county in the 2004-2006 cycle.

### **MUNICIPAL YOUTH BUREAUS**

Monroe County has three municipal Youth Bureaus, 15 municipal Youth Services programs and 21 municipal Recreation Departments affiliated with the Rochester-Monroe County Youth Bureau. Youth Bureaus, Youth Services Programs and Recreation Departments provide a combination of services including recreation and youth services through their own town departments and town employees. Each municipal organization decides which program to operate annually based on consumer surveys, identified needs of the community, requests for services/programs, and general input from schools, local government, businesses and community organizations. This decentralization supports the goals of the ICP process by encouraging efforts to be responsive to local needs.

The Rochester-Monroe County Youth Bureau and the municipal organizations regularly share information on youth needs, assessment of quality/quantity of services, and annual data on numbers of youth served. All of this information is folded into the ongoing ICP planning process. Additionally, many municipalities are actively involved in the county-wide asset initiative, which forms a critical portion of the Integrated County Plan.

## **Planning Process**

### **BROAD-BASED COMMUNITY PARTICIPATION**

In addition to the public hearing, advisory boards, and regular coordination with other human service entities and municipalities as found in appendices B-1 through B-5, the Monroe County Legislature allows public input at their monthly meetings regarding any county issue. The public has been very involved in voicing opinions regarding budget cuts posed to county human services and the new reorganization. Participation has taken the form of rallies, phone calls and letters to the MCDHHS Director's Office, and media coverage. The Department has and is making every effort to create and sustain a system that meets the community's needs.

### **PUBLIC HEARING**

Please see Appendix G and corresponding attachments for information on the public hearing. In summary, feedback from the hearing seemed to target the need for:

- A more streamlined approach to services
- Better communication
- A more responsive service system
- Clarification of the roles of direct service workers
- Simplification of forms
- Clearer regulations
- Creation of more community, business and educational partnerships

In many places in this plan these needs have been identified through other planning processes. However, each program area through a variety of methods such as staff meetings, committee meetings, and community interaction, will continue to review this feedback over the course of the planning cycle to determine if progress is being made in these areas.

B. List of Required Interagency Consultation – please see Appendix B

## **Needs Assessment**

### **III. Needs Assessment**

#### **A. Needs Assessment Activities**

Staff from the Planning Unit began conducting the needs assessment by gathering data from the 2000 Census, the 2003 Kids Count data book, the 2003 Community Profile developed by the United Way of Greater Rochester, and other comprehensive reports with local data regarding children, adults, families, and the community. Data were also obtained from the various programs and divisions of DHHS on caseloads and service trends.

Data in the needs assessment are organized in six primary areas: 1) demographics, including population trends; 2) economic stability, including information on the job market and the local economy, poverty rates, housing and homelessness and trends in public assistance usage; 3) health and safety, including crime rates; 4) education; 5) child welfare data, child protective services and preventive, and juvenile justice indicators; and 6) older adults information including the size of this population and adult protective services data. In each of these areas, differences between the city and suburban areas are highlighted to reflect their differing service needs.

The planners' group oversaw the process of writing the needs assessment and gave feedback on its basic content. Once a solid preliminary draft was completed, detailed feedback was obtained from the Special Programs Manager and the three Planning Department staff. Finally, the needs assessment was presented to the Child and Family Administrative Caseworkers for their input. The input of these various groups led to the inclusion of more detail on specific issues that affect the delivery of services, such as the county's suburban sprawl and the service needs and relevant characteristics of the population of each of the county's zip codes.

Once the initial data package was put together conclusions were made on the overall needs of the community and can be found in attachment 11. The entire Monroe County Profile for Human Services Planning for the 2004-1006 Integrated County Planning Process can be found in attachment 12. Conclusions were also made according to the following areas that are directly affected by the Youth Bureau and Child and Family Services Divisions and can be found in the following section.

## **Needs Assessment**

### **B. Needs Assessment Conclusions**

#### **Summary of data from the Monroe County Profile as they relate to specific DHHS program areas:**

##### **Child protective services**

- The numbers of allegations investigated by CPS was higher in the past three years than any year in the 1990s. CPS investigated 5,967 cases in 2002 and since 1999, an average of 30% investigated cases have been indicated each year.
- The vast majority of CPS cases investigated involve neglect rather than abuse.
- Data suggest there is a relatively high rate of recurrence of abuse or neglect among families with indicated CPS reports. 13.2% of children who were victims of substantiated child abuse and/or neglect in the first six months of 2002 had another substantiated report within six months. New York State has established a goal for the recurrence of maltreatment at 10.3% or below.

##### **Foster care**

- Monroe County has a lower total placement rate than New York State as a whole, but a higher rate than four of the five most comparable counties in the state.
- The number of foster care placements at year-end in the county was fairly steady from 1990 to 1999, but has decreased slightly in the past three years.
- Roughly half of the children in foster care in Monroe County in 2001 were African American.
- The largest age group in foster care in 2001 was 14 to 17 year olds.
- The majority of sibling groups in foster care are at least partially intact.

##### **Youth development**

- Monroe County's suburbs fare much better than the city in terms of educational attainment, high school drop out rates, and the academic achievement of 4th and 8th grade students. Overall, more 4th grade students are meeting Math and English language grade level standards than are 8th graders. City 8th graders had especially low test scores, with less than 20% meeting either math or English standards. City high schools have a drop out rate of almost 10%.
- The rate of teen pregnancies and births has declined in recent years. Though there has been a decline of about 50 births per year since 1995, 675 children were born to teen parents in the city of Rochester in 2002.
- A countywide survey of teens indicates that just under half drink alcohol, about a quarter smoke tobacco, a quarter use marijuana, almost 5% use cocaine, 4% have used heroin, and 7% have used methamphetamines.
- Child poverty is a major challenge—the city of Rochester's child poverty rate is the 11<sup>th</sup> highest in the nation at a rate of 37%. 49% of Spanish speaking

## Needs Assessment

children in Rochester are in poverty. In all of Monroe County, 15.6% of children live in poverty.

- In the 1998 Search Institute Asset Survey of all Monroe County middle school youth:
  - 80% reported having positive peer influence.
  - 79% reported having family support.
  - 77% reported a positive view of their personal future.
  - 46% reported they provide service to the community one hour or more a week.
  - 42% of youth feel safe at home, school and in the neighborhood.
  - 34% reported they perceive that adults in the community value youth.
  - 18% reported spending 3 or more hours a week in lessons or practice in music, theatre or other arts.
  - 36% reported parents that parents and other adults model positive, responsible behavior
  - 39% reported that they are given useful roles in the community
  - 45% reported receiving support from 3 or more non-parent adults
  - 36% reported that they know how to plan ahead and make choices
  - 58% reported having empathy, sensitivity and friendship skills

### **Adoption services**

- Since the early 1990s, Monroe County has greatly increased the number of children discharged from foster care to adoptive families.

### **Preventive services**

- The numbers of children served by Preventive Services was fairly steady from 1990 to 2002, hovering between 4,390 and 4,960.
- Of the children who entered foster care in Monroe County in 2001, approximately half received purchased preventive and/or child protective services prior to admission to foster care.

### **Detention services/Juvenile Justice**

- During the 1990s, the NYS Division of Criminal Justice Services found that while minority youth are over-represented in the juvenile justice system in Monroe County, disproportionate minority confinement of juveniles is attributable to both the higher arrest rate of non-white youth in the county and the fact that minority youth are more likely to be detained following arrest, but not to inequities in the processing of detained youth. Once detained, white youth are actually more likely to be placed than minority youth.
- Monroe County has a relatively low rate of PINS complaints, but a high rate of placement for PINS and JD youth.
- Teen arrest rates and the numbers of Juvenile Delinquent cases opened by the Probation Department have dropped in recent years.

## **Needs Assessment**

- From 1995 to 2002, there was a substantial decrease in the number of Juvenile Delinquent cases opened by Monroe County's Probation Department.
- 2002 saw an upward shift in numbers of PINS complaints filed. Monroe County has a lower rate of PINS complaints than comparable counties and the state as a whole, but has higher rates of placement of PINS and JD youth.
- Since the early 1990s, the primary reason for PINS complaints has shifted from youth being ungovernable to truancy. Runaways are the second most common reason for PINS complaints.

### **Child care**

- The numbers of families receiving child care assistance declined from 2002 to 2003 both for families receiving cash assistance and for those not on cash assistance. This is likely due in part to the tightening of eligibility standards.
- In recent years, families receiving child care assistance have shifted away from the use of day care centers and are more likely to be using family day care and informal care arrangements. In 2002, 25% of child care assistance cases were in day care centers. In the first seven months of 2003, this was down to 17%. During this same period, family day care homes went from 30 to 34% of cases, and the portion of cases in informal day care arrangements rose from 45 to 50%.

### **Domestic violence services**

- From 1996 to 2003, there has been a steady decline in the reports of domestic violence. In 2003, there were 7,403 reports of domestic violence and the majority were in the city.
- From 1998 to 2003, the licensed domestic violence service provider for Rochester and Monroe County provided emergency shelter to between 690 and 832 women and children per year.

### **Adult protective services**

- APS served 1,109 individuals in 2002. 54% were 60 or older and 73% were living in the city.
- The vast majority of APS cases deal with self-neglect rather than abuse or exploitation by others.
- There were 655 new APS cases in 2002, which is the highest number since 1992.

### **Runaway and homeless youth services**

- There has been a steady increase in the number of emergency housing and youth shelter placements for homeless youth since the mid 1990s. The number of youth receiving shelter has continued to increase as both the need and bed capacity has increased. The number of older homeless youth requesting services has continued to increase.

## Needs Assessment

### OTHER AREAS OF CONCERN:

#### Aging Issues

- The **60+** Monroe County population grew by **3.5%**, from 118,470 to 122,654.
- In the 2000 census, **77%** of all those age 60+ in the county lived in the suburbs, up from 70% in 1990. The city-suburb demographic trend continues to have implications for service provision and community development.
- Between 1990 and 2000 the age **75 and over** population in Monroe County increased **27.7%** from 38,615 to 49,311. Over the next ten years this demographic trend will have financial implications for the county. More people will be outliving their resources and become dependent on Medicaid to pay for their health expenses.
- Between 1990 and 2000 the age **85 and older** population in Monroe County increased **34.7%**, from 10,121 to 13,635 persons. This demographic trend will also have financial implications for the county. However the implication is now. These individuals are already beginning to outlive their resources and becoming more dependent on Medicaid to pay for their health expenses.
- There appears to be a disparity between white and African American senior citizens in terms of the rate in which they receive flu shots.

#### Mental Health

- An estimated 11% of children ages 9 to 17 have a major mental illness. In Monroe County, this estimate equates to 10,800 youth.
- 6,650 children under the age of 18 received public mental health services in 2001.
- The number of children receiving inpatient and emergency psychiatric care has steadily increased over the past four years.

#### Substance Abuse

- Although alcohol and marijuana use among high school students has remained steady since 1997, cocaine and heroin use among this age group has increased.
- Overall indicators show relatively high levels of drug and alcohol use among all age groups when compared to other counties in the state.
- The rate of alcohol-related motor vehicle crashes in Monroe County increased 65% from 1995 to 2000.

#### Financial Services

- Financial assistance usage has dropped, but there has not been a corresponding decline in poverty rates; in fact, during the 1990s, poverty rates in Monroe County rose among adults and senior citizens. Since data indicate that Monroe County's economy has been poor for the past couple of years, this trend is not likely to be reversed soon.
- TANF rolls rose steadily from 1980 to a peak in 1994 and then decreased sharply every year until 2002. There was little difference in TANF rolls between 2002 and the first nine months of 2003.

## Needs Assessment

- Safety Net caseload numbers also fell steadily during the 1990s, but have increased from 2001 to 2003, Safety Net caseloads rose.

During the last planning phase, prior to the 2001-2003 Integrated County Plan, much work was completed to create the priority focus areas as follows:

**Community Development – The community context can increase the risks in young people’s lives or can help create a web of support and protection for young people and their families. We will seek to build on existing efforts of multiple communities to mobilize support of our youth and their families and increase youth’s access to natural supports.**

**Family Development – Youth fare better in families where there is less conflict between primary caregivers and caregivers and children. Families need to be provided the necessary supports to reduce conflict and provide appropriate monitoring and clear expectations of children.**

**Youth Development – All youth need youth development. Local constituencies including residents, community, faith-based organizations and service providers need to be informed, energized and involved in a positive youth development agenda that increases the number of youth and adult partnerships and the number and array of positive developmental opportunities available to young people throughout Monroe County.**

The needs assessment clearly shows that these priority focus areas should still be supported:

Community Development – Child poverty prevalence in Rochester ranks 11<sup>th</sup> in the nation. There are distinct zip code areas in which residents face greater financial, social, and health challenges. Members of minority groups also tend to face similar challenges. Providing supports that strengthen the Monroe County community as a whole will provide greater cohesion throughout and will reduce risk factors for children and families. DHHS will continue to participate in community development initiatives.

Family Development – Child Protective reports continue to rise and although there has been a decrease in the past couple of years, foster care placements are one of the highest among comparable counties. Strategies that promote the strengthening of families and build protective factors for children will continue to be implemented.

Youth Development – Youth continue to participate in risky behavior such as alcohol consumption and drug use. Youth may also not be receiving enough supports to curb PINS behavior as indicated by an upward shift in the numbers of PINS complaints. Positive developmental opportunities and adult-youth partnerships will continue to be provided by DHHS.



## Needs Assessment

*These priority focus areas directly relate to and will be affected by the strategies in place to meet DHHS outcomes. The outcomes found in the following section are presented with indicators and measures. These measures can be linked to data in the needs assessment and can be easily assessed annually.*

C. Data Sources – Please see Appendix C

### D. Ongoing Needs Assessment

The Monroe County Community Profile for Human Services Planning data package included in attachment 12 will continue to be updated annually. The Special Programs Division of the Monroe County Department of Human and Health Services, Human Services Planning unit, will be responsible for updating the profile which will then be presented to the MCDHHS human services planners and managers. The group will determine if the ICP priority focus areas still align with the needs. If not, appropriate priority focus areas and improvement projects will be created.

## **Outcomes**

### **IV. Outcomes**

Monroe County Department of Human and Health Services Outcome Framework/Mission/Vision was presented in Section I. Pages 26-33 list outcomes, indicators, and measures related to the Framework/Mission/Vision. Note that this is a DHHS package, which includes all DHHS departments. It was created as part of strategic planning for the merged DHHS. This is a fairly new framework that has not been finalized by the department. However, those measures that are collected can be found in attachments 1 and 2.

Pages 34-59 are strategies that are matched with DHHS outcomes. The outcomes to which strategies are matched are found in the header section of those pages. Please note that it is indicated for each strategy which priority focus area, national standard, title IV-B federal goal, and adult protective services goal is addressed.

## Outcomes

### ***MONROE COUNTY DHHS FRAMEWORK - OUTCOMES, MISSION, VISION***

*Definitions: Outcomes, Indicators and Measures \* From "Greater Rochester/Monroe County Community Profile: How Well are We Doing?" (1999)*

Outcomes: An outcome has been defined as an "inherently valued state of being" or a "state of optimal well-being for people within a community."

Examples include good health, personal safety, and financial security.

Indicators: Indicators are more specific "measurable standards" or "gauges of progress" that "stipulate the appropriate direction of change to achieve outcomes." For example, lower incidence of crime is one indicator of the "personal safety" outcome; better employment opportunities would be a potential indicator of the "financial security" outcome.

Measures: Measures are "specific and concrete sources of data used to operationalize indicators." For example, the annual number of violent crimes per 100,000 population is one measure of the "lower incidence of crime" indicator; the unemployment rate could be used as a measure of the indicator "better employment opportunities."

DHHS mission and vision:

Mission: The Monroe County Department of Human and Health Services will provide services, supports, and opportunities to Monroe County residents of all ages to assist them in achieving and maintaining self-sufficiency, independence, safety, permanency, physical and emotional well-being, and optimal development while maximizing customer and employee satisfaction and fiscal responsibility. Services are purchased or provided directly in a collaborative, coordinated approach.

Vision: Monroe County is a community of choice that is economically prosperous, healthy, safe and fun. We attract employers, skilled workers and visitors because our community offers:

- Stable property taxes
- Safe, secure neighborhoods
- A wide range of recreational and cultural activities
- Collaboration among the County's municipalities to create a sound governmental infrastructure
- Quality housing at affordable prices
- Partnerships to improve the health of its citizens and the environment
- Outstanding educational opportunities through a wide variety of institutions of higher learning

#### Outcomes from mission statement: \*

1. Adults, older adults, and families are self-sufficient as dictated by age.
2. Individuals and families are independent as dictated by age.
3. Individuals and families are safe.
4. Individuals and families experience permanency in their living situations.
5. Individuals and families will access needed support to obtain optimal development.
6. Individuals and families will achieve and maintain physical and emotional well-being.
7. DHHS operates at a maximum level of fiscal responsibility.
8. Employees of DHHS will experience a high degree of satisfaction.
9. Customers of DHHS will experience a high degree of satisfaction.

\* Individuals are defined as children ages 0-5, youth 6-20, adults 21-59, older adults 60+.

## Outcomes

*Italics indicate proposed measure*

**Outcome 1: Adults, older adults, and families are self-sufficient as dictated by age.**

### Indicators:

- Increase in workforce participation among Family Assistance and Safety Net clients
- Increase use of needed financial management services and other needed supports among older adult population
- Increase in the number of children discharged from Early Intervention/Education for Children with Disabilities programs

Division	Measure
Financial	Average Monthly Family Assistance Caseload
Financial	Average Monthly Safety Net Caseload
Financial	Average Monthly MA individuals – Family Health Plus
Financial	Average Monthly MA individuals – MA/SSI
Financial	Community MA Caseload
Financial	Homeless Point in Time
Financial	Job Starts
Adult and Older Adult	Number of referrals to Family Service of Rochester Financial Management Program from APS
Adult and Older Adult	Number of seniors receiving HEAP grants per year
Adult and Older Adult	Number of seniors accessing financial management programs
Adult and Older Adult	Number of seniors receiving information assistance from HIICAP program
Adult and Older Adult	Number of placements in unsubsidized Senior Employment Program
<i>Child and Family</i>	<i>Number of children discharged from EI/ECD programs</i>

**Outcome 2: Individuals and families are independent as dictated by age.**

### Indicators:

- Older adults are able to live as independently as possible according to their circumstances.
- Eligible families are able to access the child care assistance necessary for parents to maintain employment.

Division	Measure
Adult and Older Adult	Number of seniors benefiting from WRAP services
Adult and Older Adult	Number of seniors accessing legal services
Adult and Older Adult	Seniors staying independent in the community through provision of in-home services
Special Programs	Number of children served per month in child care

## Outcomes

### Outcome 3: Individuals and families are safe.

#### Indicators:

- Decrease in child abuse and neglect
- Increase in positive outcomes for Adult Protective Services cases

Path	Measure
Child and Family	Indication rate for CPS reports
Child and Family	Wait time for Preventive Services
Child and Family	% of CPS determinations that are overdue/total reports active
Child and Family	CPS Management, average caseload per worker
Child and Family	Number of CPS reports per month
Child and Family	Number of CPS reports per year
Child and Family	Number of diverted CPS reports per month
Child and Family	Number of 1034s per month
Child and Family	Total number of 1034s
Child and Family	Average number of new CPS reports received per worker per month
Child and Family	Recurrence of maltreatment
Child and Family	Reduce maltreatment of children in foster care
Child and Family	Number of families served by Preventive Services per year
Child and Family	Number of children served by Preventive Services per year
Adult and Older Adult	Number of closed Adult Protective Cases that met goals

### Outcome 4: Individuals and families experience permanency in their living situations.

#### Indicators:

- Decrease in the number of children placed out of the home
- Decrease in the number of movements experienced by children in foster care placement
- Decrease in the length of time needed to achieve permanent placement, whether through family reunification or adoption

Division	Measure
Child and Family	Number of children who exited foster care within 90 days
Child and Family	Number of children who were discharged from foster care to the custody of a relative
Child and Family	Number of adoptions finalized per year
Child and Family	Number of adoption finalized per month
Child and Family	Number of adoption subsidies per month
Child and Family	Adoption subsidy monthly cost per child
Child and Family	Youth and Family Partnerships/Alternative to Placement Review (# of children per month)
Child and Family	JD/PINS Care (# of children in care per month)

## Outcomes

Child and Family	JD/PINS IV-Eligible in DHHS agency or home (Total # of kids in care per month)
Child and Family	Foster Care IV-Eligible in purchased residential foster care (Total # of kids in care per month)
Child and Family	Foster Care child welfare purchased agency (Total # of kids in care per month)
Child and Family	Foster Care – IV-Eligible in family foster care homes (Total # of kids in care per month)
Child and Family	Foster Care – child welfare family foster care homes (Total # of kids in care per month)
Child and Family	Total youth in care
Child and Family	Increase the percent of permanent exits from foster care
Youth Bureau	<i>Number of youth participating in runaway and/or homeless services</i>

### Outcome 5: Individuals and families access needed support to obtain optimal development.

#### Indicators:

- Decrease in the number of children transitioning from Early Intervention to Education for Children with Disabilities
- Increase in the number of children discharged from Education for Children with Disabilities
- Increase in the number of youth reached by youth development programs

Division	Measure
Child and Family	Number of children discharged from the EI program only
Child and Family	Number of children transitioned from EI to ECD
Child and Family	Number of children discharged from ECD only
Youth Bureau	Number of youth participating in youth development and primary prevention services
Youth Bureau	Number of youth receiving early intervention counseling
Youth Bureau	Number of youth receiving diversionary services
Youth Bureau	Number of youth service agencies trained and utilizing the youth development survey
Youth Bureau	Number of municipalities & school districts participating in the Asset Partnership Network
Youth Bureau	Number of municipalities & school districts trained in youth development and the asset model/approach

### Outcome 6: Individuals and families will achieve and maintain physical and emotional well-being.

#### Indicators:

- Increase in the percentage of individuals in need of services related to mental health, substance abuse and mental retardation/developmental disabilities who access and complete these services

Division	Measure
OMH/Contracts	Number of individuals in need who are accessing Office of Mental Health Services
OMH/Contracts	Number of individuals in need who are accessing Alcohol and Substance Abuse services
OMH/Contracts	Number of individuals in need who are accessing services related to mental retardation, developmental disabilities

## Outcomes

Youth Bureau	Number of anti-tobacco and/or anti-tobacco awareness events sponsored through Reality Check
Youth Bureau	Number of youth development presentations
Youth Bureau	Number of youth served through contract for arts, cultural and recreation programs
Youth Bureau	Number of youth engaged in youth leadership roles through Youth Participation Project

### Outcome 7: DHHS operates at a maximum level of fiscal responsibility.

#### Indicators:

- Increase efficiency of all processes related to financial assistance
- Decrease fraud among financial assistance clients
- Increase in appropriate internal and external diversions
- Insure that all DHHS paths meet targeted numbers of case openings and closings

Division	Measure
Child and Family	JD/PINS Care (Local cost per child per month)
Child and Family	JD/PINS IV-Eligible in DHHS agency or home (Local cost per child per month)
Child and Family	Foster Care IV-Eligible in purchased residential foster care (Local cost per child per month)
Child and Family	Foster Care child welfare purchased agency (Local cost per child per month)
Child and Family	Foster Care – IV-Eligible in family foster care homes (Local cost per child per month)
Child and Family	Foster Care – child welfare family foster care homes (Local cost per child per month)
Financial	FA cost per case (local share)
Financial	SN cost per case (local share)
Financial	MA cost per case (local share)
Financial	Duplicate Interviews Avoided (number of 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> interviews avoided by new process)
Financial	Long Term Employee Medical Leaves
Financial	Job Starts
Adult and Older Adult	Cost savings opportunities on denied applications reconsidered due to non-agency error
Special Programs	# of Informal Child Care Investigations
Special Programs	% of Informal Child Care Investigations resulting in Stop Payment
Special Programs	# Medical Assistance case closures from Returned Mail Project
Special Programs	# Total Denials and Closings
Special Programs	# Total Completed Investigations
Special Programs	% of Completed Fraud Investigations resulting in Denial or Closing
Special Programs	% of Medical Assistance completed case investigations resulting in Denial or Closing
Special Programs	% of Financial Assistance completed case investigations resulting in Denial or Closing
Special Programs	% of Safety Net completed case investigations resulting in Denial or Closing
Special Programs	# of cases reviewed per month
Special Programs	% reviewed cases without error

## Outcomes

Special Programs	% reviewed cases opened in error
Special Programs	% deceased clients closed within 3 days of DPH notice
Special Programs	# of IPV's processed (PA)
Special Programs	% of IPV's imposed (PA)
Adult and Older Adult	Number of cases accepted for ICM, SCM, or other mental health case management programs
Adult and Older Adult	Number of eligible seniors served through OFA programs
Adult and Older Adult	Number of Adult Protective Services customers served through OFA programs
Adult and Older Adult	Number of APS financial management cases transferred to active ICO and SCM cases, or other mental health programs (e.g. DePaul, RPC with extended stay)
Adult and Older Adult	Number of guardianships obtained on Adult Protective cases
Adult and Older Adult	Number of subcontracting OFA agencies meeting or exceeding goals
Youth Bureau	<i>Percentage (%) of OCFS contracts that substantially meet or exceed contract standards</i>
Youth Bureau	<i>Amount of additional (non-county) funds secured over and above OCFS Resource Allocation Plan eligibility</i>
Youth Bureau	<i>Percentage (%) of OCFS eligible funds claimed</i>
Youth Bureau	<i>Number of grant applications prepared by the Youth Bureau</i>
Youth Bureau	<i>Number of community grant applications participated in</i>

**Outcome 8: Employees of the Department will experience a high degree of satisfaction.**

### Indicators:

- Staff caseloads for all programs will not exceed recommended limits
- The number of telephone calls handled by Financial Intake staff per day will not exceed recommended limits
- Staff are receiving adequate support in the areas of training, safety and recognition

Division	Measure
Child and Family	Average CPS Management caseload per worker
Child and Family	Average number of new CPS reports received per worker per month
Financial	Duplicate Interviews Avoided (number of 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> interviews avoided by new process)
Financial	Long Term Employee Medical Leaves
Financial	Employee Evaluations
Adult/Older Adult	% of overdue applications not processed due to worker backlog
Special Programs	# of Informal Child Care Investigations
Special Programs	% of Informal Child Care Investigations resulting in Stop Payment
Special Programs	% of Informal Investigations – Care is provided
Special Programs	# Medical Assistance case closures from Returned Mail Project
Special Programs	# Total Denials and Closings
Special Programs	# Total Completed Investigations
Special Programs	% of Completed Fraud Investigations resulting in Denial or Closing
Special Programs	% of Medical Assistance completed case investigations resulting in Denial or Closing



## Outcomes

Special Programs	% of Financial Assistance completed case investigations resulting in Denial or Closing
Special Programs	% of Safety Net completed case investigations resulting in Denial or Closing
Special Programs	# of cases reviewed per month
Special Programs	% reviewed cases without error
Special Programs	% reviewed cases opened in error
Special Programs	% deceased clients closed within 3 days of DPH notice
Special Programs	# of IPV's processed (PA)
Special Programs	% of IPV's imposed (PA)
Child and Family	Number of cases per EI service coordinator
All	<i>Number of employee incident reports</i>
All	<i>Vacancy rates</i>
All	<i>Increase the numbers of requested trainings for all staff</i>
All	<i>Number of employee recognition programs</i>
All	<i>Increase in ratings on the employee satisfaction survey</i>

**Outcome 9: Customers of the Department will experience a high degree of satisfaction.**

### Indicators:

- Increase in the percentage of timelines being met
- Increase in compliance with federal and state standards of customer service

Division	Measure
Financial	TA applications are processed within 30 days
Financial	MA applications are processed within 45 days
Financial	Income Eligible Day Care applications are processed with 30 days
Financial	Waiting time for scheduled appointments
Financial	Waiting time for walk-ins
Financial	Average waiting time for emergency interviews
Financial	Duplicate interviews avoided (number of 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> interviews avoided by new process)
Financial	Fair Hearing – Continued Aid (% processed within 10 days of notification)
Financial	Fair Hearing – Compliance (% decisions processed within 10 days of notification)
Adult/Older Adult	% of applicants scheduled for an appointment within 10 days
Adult/Older Adult	% of applications processed within 45 days
Adult/Older Adult	Total number of applications processed within 45 days
Adult/Older Adult	Total number of applications pending beyond 45 days
Adult/Older Adult	% of applications pending beyond 45 days with a non-agency caused delay
Adult/Older Adult	Total number of applications pending beyond 45 days with a non-agency caused delay
Adult/Older Adult	% of applications pending beyond 45 days with an agency caused delay
Adult/Older Adult	Total number of applications pending beyond 45 days with a non-agency caused delay

## Outcomes

Adult/Older Adult	Average number of days from application date to client completion date (non-agency caused delay)
Adult/Older Adult	Average number of days from client completion date to decision date (agency caused delay)
Adult/Older Adult	% of overdue applications not processed due to worker backlog
Adult/Older Adult	Total number of overdue recertifications
Adult/Older Adult	Total number of denied applications reconsidered due to non-agency error
Special Programs	# of Informal Child Care Investigations
Special Programs	%of Informal Child Care Investigations resulting in Stop Payment
Special Programs	% of Informal Investigations – Care is provided
Special Children's Care Path	EI families receive the start of services within 45 days of referral
<i>Special Programs</i>	<i>Number of quality improvement case audits</i>
<i>Youth Bureau</i>	<i>Number of trainings provided to Best Practice Partners</i>
<i>Youth Bureau</i>	<i>Number of asset recognition efforts/activities</i>
<i>All</i>	<i>Number of areas for improvement on state and federal audits</i>

**2. The above outcomes are matched with strategies/improvement projects found below:**

**MCDHHS Outcome addressed: 1. Adults, older adults and families are self-sufficient as dictated by age**

<i>Strategy to achieve desired outcome:</i> <u>Frail Elderly and Adults with Disabilities</u> – Reduce the number of utility (actual or threatened) services disconnects for elderly and impaired individuals by MCDHHS (Adult Protective Services) and City of Rochester working with Rochester Gas and Electric to identify potential disconnects and then providing follow-up by Adult Protective Services and Elder Source and referring for further services such as financial or case management if necessary.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: 2 and 3
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Adult Protective Services, Office for the Aging, and Financial Services); Rochester Gas and Electric; Monroe County's Executive Office; Elder Source; City of Rochester.			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>R G &amp; E has resumed regular meetings with APS to make referrals of elderly and impaired adults at risk of utility discontinuance and to discuss high-risk situations uncovered by the largest utility provider in Monroe County</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"> <li>Increase number of identified utility disconnect referrals for elderly and impaired adults</li> </ul> Development of a plan to assist those impaired elderly at risk of utility disconnect			
<i>Contact(s):</i> Corinda Crossdale, Older Adult Services Manager, MCDHHS			
<i>Strategy to achieve desired outcome:</i> <u>Financial Management for Elderly Adults</u> – Adult Protective Services will establish a program with Family Services of Rochester to improve elderly clients' responsibility in money management.			
PRIORITY FOCUS AREA ADDRESSED: Family Management	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: 3
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services, Adult Protective Services, Family Services of Rochester			
<i>Strategies completed as of December 2003:</i> Protective Services for Adults (PSA) continues to serve approximately 165 clients at any given time Assessment of Financial management cases is being conducted quarterly to evaluate the clients continued need for financial management and case management services <ul style="list-style-type: none"> <li>PSA continues to meet the primary goal of meeting the individual's minimal needs of custodial care and protection of assets</li> <li>PSA has met with FSR in the first quarter of 2003 to review how FSR will promote better financial functioning among PSA clients in the contract program</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Clients will continue to show better responsibility in money management (at least 10 in 2004), which will be evidenced in a narrative of current status in monthly individual clients reports from Family Service of Rochester.			
<i>Contact(s):</i> Corinda Crossdale, Older Adult Services Manager, MCDHHS			

**MCDHHS Outcome addressed: 2. Individuals and families are independent as dictated by age**

*Strategy to achieve desired outcome:*

Frail Elderly and Adults with Disabilities – Reduce the number of utility (actual or threatened) services disconnects for elderly and impaired individuals by MCDHHS (Adult Protective Services) and City of Rochester working with Rochester Gas and Electric to identify potential disconnects and then providing follow-up by Adult Protective Services and Elder Source and referring for further services such as financial or case management if necessary (See MCDHHS Outcome addressed: 1. Adults, older adults and families are self-sufficient as dictated by age).

## MCDHHS Outcome addressed: 3. Individuals and families are safe

<i>Strategy to achieve desired outcome:</i> <b>Rochester Safe Start: The Impact of Violence on Children</b> - a holistic approach to preventing and reducing the harmful effects of exposure to violence on young children (0-6 years of age) by improving access to, delivery of, and quality of services to children and responding to the needs of children and their families at any point of entry into relevant systems.			
PRIORITY FOCUS AREA ADDRESSED: Community Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 3 AND 4	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Public Health Department and Children's Institute Other Partners: Monroe County Department of Human & Health Services (MCDHHS); Monroe County Office of Mental Health, MCDHHS; Monroe County Probation Office; Rochester City School District; Domestic Violence Consortium; Rochester Police Department; Family Court; Various Neighborhood and Community Centers.			
<i>Strategies completed as of December 2003:</i> <b>--Public Awareness Campaign</b> , <i>Help a Child Escape the Shadow of Violence</i> , received the Public Relations Society PRISM award in June 2003. Evaluation of this campaign with a phone survey in the "crescent" and a matched area of Buffalo used a pre-survey in December 2002 and post survey in October 2003; key result was that the proportion of respondents who had actually had contact with children exposed to violence and did nothing declined from 26% to 13%. Ad Council has assigned Idea Connections for a second year. <b>--Training Initiative</b> - designed to increase line worker skills in responding to young children exposed to domestic violence. <ul style="list-style-type: none"> <li>Conducted 2 clinical trainings and 6 general trainings in 2003 and conducted 3 trainer meetings focused on in-depth look at specific topical areas.</li> <li>Co-sponsored a training for 124 court personnel in October 2003, 80 Law Guardians in November, 100 family day care providers in November 2003</li> <li>Supported the training for trainers for <i>Do Right by Kids</i> mandated reporter training</li> <li>Approached several organizations for co-sponsorship of general and clinical training</li> </ul> <b>--Early Childhood Mentor Project</b> <ul style="list-style-type: none"> <li>Sent 5 mentors into 35 early childhood classrooms in the City to help teachers improve their skills in responding to children exposed to violence in their classrooms, starting in December 2002</li> <li>Established funding to maintain the mentors and enhance services in the 2004-2005 school year.</li> </ul> <b>--Police-Mental Health</b> intervention involves two social workers from SPCC available to respond to young children exposed to domestic or community violence in the Maple Section, with 24/7 backup. Police or FACIT can call SPCC workers, who will respond within 30 minutes if necessary. <ul style="list-style-type: none"> <li>Served over 80 families, including several homicides in which children were severely affected by the violence, and responded to many more calls where families refused service.</li> <li>Evaluation focuses on process rather than impacts, and has been used for tightening the program design.</li> </ul> <b>--Child in Court</b> program involves adding a child advocate for the Family Court and Integrated Domestic Court to Alternatives for Battered Women, and expanding SPCC supervised visitation. Services began in May 2003. <b>--Probation Design Team</b> was formed in November 2003 to develop recommendations to the RSS Council in March 2004.			
<i>Strategies to complete in 2004-2006:</i> <b>--Public Awareness Campaign</b> - Phase 2 planning is underway for Idea Connections for a second year with detailed plans to be completed in January 2004. <b>--Training Initiative</b> - In 2004 will conduct at least 2 clinical trainings and at least 7 general trainings and to reach at least 150 staff from human services, day care and law enforcement organizations; follow up with Law Guardians to reinforce and extend their expertise on children's exposure to violence <b>--Early Childhood Mentor Project</b> - Preliminary results from the quasi-experimental design evaluation of this intervention to see changes in classroom environment and child functioning are due in early 2004. <b>--Police-Mental Health</b> - Decide about priorities for interventions for which federal funds end. <b>--Child in Court</b> - The Strategy Team will review this program in spring 2004. <b>--Probation Design Team</b> - Determine ways Probation can respond to children exposed to violence in families on their caseloads and develop recommendations to the RSS Council in March 2004. <b>--Mental Health services for young children in foster care</b> are provided through a joint project of the Foster Care Pediatric Clinic, Foster Care Administration and caseworkers, and Mt. Hope Family Center. Mt. Hope Family Center has 10 slots for <b>foster children</b> under the age of seven. The social worker can do assessments, consultations, or therapy, depending on needs. Outcomes include assistance for foster families, day care settings, or others in understanding child's needs, and improved child functioning. United Way starting in April 2004 will support the project. <b>--Safe Start Strategy Team</b> is looking toward 2005-2006 when federal funding will end. They are considering how to sustain the work of Safe Start in improving the community's response to children exposed to violence, focusing not only on services but also on policy change at the systems, institutional and point of service levels. A report is anticipated in June 2004.			
<i>Contact(s):</i> Karen Reixach, Safe Start Rochester, Children's Institute			

**MCDHHS Outcome addressed: 3. Individuals and families are safe**

<i>Strategy to achieve desired outcome:</i> <u>Child Abuse Prevention Campaign</u> – goal is to increase community action and involvement to prevent and improve reporting of child abuse and neglect by using social marketing and strategies to influence community, parent and mandated reporter knowledge of abuse/neglect cases.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1 and 3	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services; Public Health Department; United Way; NYSOCFS			
<i>Strategies completed as of December 2003:</i> This year's Do Right By Kids (DRBK) focus has been on the training for mandated reporters (to help them more accurately recognize and report child abuse and take responsibility for primary prevention efforts). <ul style="list-style-type: none"> <li>• The technical trainer's manual was completed and was used in the "train the trainers" sessions (see below)</li> <li>• Train the trainers" sessions were completed from May-Oct for all five sectors of the mandated reporter population (educators, day care providers, mental health/social work practitioners, law enforcement, medical providers); Sixty-three instructors were trained</li> <li>• Newly-trained instructors have begun delivering the mandated reporter training to participants in their segment of the mandated reporter population (225 mandated reporters have received the training since Sep 2003)</li> <li>• The Web site (www.dorightbykids.org) "went live" in May 2003 and is being used as the primary training tool for mandated reporters as well as a day-to-day information resource for mandated reporters</li> <li>• The field guide (a booklet for use by mandated reporters without immediate Internet access) containing distilled information from the Web site was finalized in Oct 2003 and is being distributed to and used by training participants</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"> <li>• Secure additional funding to complete the project.</li> <li>• Complete the baseline survey of mandated reporter knowledge about recognizing and reporting child abuse</li> <li>• Develop a "trainer's kit" (a 'one-stop' source of all information and materials needed to deliver the training)</li> <li>• Collaborate with OCFS efforts to train mandated reporters across NYS; develop ways to use DRBK in partnership with OCFS</li> <li>• Market DRBK to other NYS counties</li> </ul>			
<i>Contact(s):</i> Tom Corbett, Administrative Caseworker, MCDHHS			
<i>Strategy to achieve desired outcome:</i> <u>Integration of Child Welfare and Substance Abuse Treatment</u> – Improve progress toward dual goals of sobriety/recovery and family permanency/child safety for families in child welfare system with substance abuse problems.			
PRIORITY FOCUS AREA ADDRESSED: Family Development	NATIONAL STANDARD ADDRESSED: Recurrence of Maltreatment	TITLE IV-B FEDERAL GOAL ADDRESSED: 1	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services and Preventive Contractors			
<i>Strategies completed as of December 2003:</i> Internal Drug and Alcohol Specialist continues to be utilized for consultations or for conducting evaluations of adults receiving Child Protective Services and Preventive Services The program continues to serve families and served 38 families in 2002 and 60 in 2003 (17 at Ibero and 43 at Catholic Family Center)			
<i>Strategies to complete in 2004-2006:</i> Determine evaluation procedures; Initial feedback indicated that social workers have gained a better understanding of substance abuse treatment and are helping families to develop			

### MCDHHS Outcome addressed: 3. Individuals and families are safe

relationships with treatment providers and a more comprehensive understanding of treatment programs in the community Contract for a full-time Substance Abuse Trainer/Consultant specifically for this program when funds become available <i>Contact(s):</i> Mary Ann Gattalaro, MCDHHS Preventive Supervisor			
<i>Strategy to achieve desired outcome:</i> <u>Family Type Home Placements for Adults</u> – Adults who are unable to live on their own will be placed in appropriate residential care facilities including small, home-like settings. One Senior Caseworker in Adult Protective Services will coordinate the project to take part in its development and recruitment. The coordinator will also explore grant-funding and collaboration opportunities with elder service agencies.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: 4
<i>Lead partnerships:</i> Corinda Crossdale, Older Adult Protective Services Manager, MCDHHS, and Adult Protective Services Supervisor, MCDHHS, responsible for operation of family-type home program.			
<i>Strategies completed as of December 2003:</i> The number of Family-type Homes for Adults have not experienced an increase or decrease since the closure of two homes in 2001, one by NYS OCFS because of irregularities in the operation of the home and in the care provided residents. Currently MCDSS has four certified Family-type Homes for Adults in Monroe County.			
<i>Strategies to complete in 2004-2006:</i> Continue to increase the number of family type homes for adults (increase by a net of 2 in 2004)			
<i>Contact(s):</i> Corinda Crossdale, Older Adult Services Manager, MCDHHS			
<i>Strategy to achieve desired outcome:</i> <u>Creation of Multi-disciplinary Team for Adult Protective Services</u> – Create a team of various disciplines serving adult protective such as law enforcement, APS, domestic violence agencies, and hospitals.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: 3 and 4
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Adult Protective Services and Adult Protective Services Subcommittee of the Citizens Advisory Council)			
<i>Strategies completed as of December 2003:</i> Have begun discussions regarding cross-discipline team			
<i>Strategies to complete in 2004-2006:</i> Establish commitment from collaborators Develop protocol <ul style="list-style-type: none"> <li>• Pilot team</li> <li>• Plan established by December 2004</li> </ul>			
<i>Contact(s):</i> Corinda Crossdale, Older Adult Services Manager, MCDHHS			

**MCDHHS Outcome addressed: 3. Individuals and families are safe**

<i>Strategy to achieve desired outcome:</i>			
<u>Improve Federal Safety Outcomes for Families by Reducing Recurrence of Maltreatment</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: Recurrence of Maltreatment	TITLE IV-B FEDERAL GOAL ADDRESSED: 1	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS; NYSOCFS			
<i>Strategies completed as of December 2003:</i> Improved referral information obtained by preventive services (9/03)			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"> <li>• Develop a "triage" system to target services to families with greatest need/ability to benefit (2/04)</li> <li>• Review high risk unfounded and indicated/closed cases to identify any needed practice changes (3/04)</li> <li>• Review cases with Multiple indicated referrals to identify any needed practice changes (11/04)</li> </ul>			
<i>Contact(s):</i> Tom Corbett, Administrative Caseworker, MCDHHS			
<i>Strategy to achieve desired outcome:</i>			
<u>Improve Federal Safety Outcomes for Families by Reducing Maltreatment of Children in Foster Care</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: Abuse/Maltreatment in Foster Care	TITLE IV-B FEDERAL GOAL ADDRESSED: 2 and 3	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Continue to provide and monitor post-certification training of foster parents</li> <li>• Piloted foster parent parenting training based on modified "Incredible Years" Curriculum; training provided by a child psychologist from Strong Memorial Hospital and trained foster parents</li> <li>• Continue process for reviewing "Non-CPS Concerns" about foster parents to identify and correct problems before they rise to the level of a CPS report</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Continue collaboration with Adoption Resource Network in implementing support groups for foster and adoptive parents of children with special needs Secure grant funding to provide appropriate parenting training for all foster parents			
<i>Contact(s):</i> Cindy Lewis, Administrative Caseworker, MCDHHS			
<i>Strategy to achieve desired outcome:</i> <u>Frail Elderly and Adults with Disabilities</u> – Reduce the number of utility (actual or threatened) services disconnects for elderly and impaired individuals by MCDHHS (Adult Protective Services) and City of Rochester working with Rochester Gas and Electric to identify potential disconnects and then providing follow-up by Adult Protective Services and Elder Source and referring for further services such as financial or case management if necessary (see MCDHHS outcome 1).			



**MCDHHS Outcome addressed: 3. Individuals and families are safe**

*Strategy to achieve desired outcome:*

Children's Center (Secure Detention) – Children's Center (Secure Detention) will enhance its physical and programmatic design to ensure the safety of youth in care and that is based on recent research and juvenile justice best practices (see MCDHHS outcome 5).

*Strategy to achieve desired outcome:*

Legally Exempt Child Care – Improve the safety and quality of programming of legally exempt (informal) childcare providers (see MCDHHS outcome 6).

**MCDHHS Outcome addressed: 4. Individuals and families experience permanency in their living situations**

<i>Strategy to achieve desired outcome:</i> <u>Foster and Adoptive Home Recruitment</u> – Recruit, train, and certify 150 new foster/adoptive homes between 2000 and 2003 which will be measured by monthly tracking of foster home capacity.			
PRIORITY FOCUS AREA ADDRESSED: Family Development	NATIONAL STANDARD ADDRESSED: Abuse/Maltreatment In Foster Care	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County office of Communications and Special Events, Monroe County Department of Human and Health Services			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>Continue to work with Metrix, a contractor, for Recruiting</li> </ul> PowerPoint presentation on need and function of foster homes is being used throughout the community along with other recruiting materials			
<i>Strategies to complete in 2004-2006:</i> Focus on increasing the number of applications to encourage a greater pool of certifications			
<i>Contact(s):</i> Cindy Lewis, MCDHHS Foster Care Administrator and Ellen Werts, MCDHHS Homefinding Supervisor			
<i>Strategy to achieve desired outcome:</i> <u>Relative Resource Placements</u> – Establish clear policies and practice standards for children placed with relatives under court ordered CPS supervision.			
PRIORITY FOCUS AREA ADDRESSED: Family Development	NATIONAL STANDARD ADDRESSED:	TITLE IV-B FEDERAL GOAL ADDRESSED: 1 and 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>Relative Resource Assessment tool completed and implementation has begun</li> <li>Brochures which describe informal and formal placements are completed, printed, and available to staff for distribution to relatives/alternative resources</li> </ul> Relative/Alternative Placement Policy and Procedure Statement has been developed <ul style="list-style-type: none"> <li>Fact sheets for relative/alternative placements have been developed for workers and clients.</li> <li>Department has begun to develop a process of permanency review of placements with relatives</li> <li>Worked with Catholic Family Center to develop proposal for funding of a relative resource support project at Catholic Family Center</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Develop database of relative resource placements			
<i>Contact(s):</i> Dan Ross, MCDHHS Child and Family Services Division Manager			

**MCDHHS Outcome addressed: 4. Individuals and families experience permanency in their living situations**

<i>Strategy to achieve desired outcome:</i> <b>Youth and Family Partnership</b> — Reduction in the number and rate of residential placements for Monroe County youth by forming a cross systems service team and piloting a system that includes assessment, strength based services, flexible funding, and capitation.			
PRIORITY FOCUS AREA ADDRESSED: Family Development	NATIONAL STANDARD ADDRESSED: Reducing Care Days	TITLE IV-B FEDERAL GOAL ADDRESSED: 1	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Office of Mental Health; Monroe County Department of Human and Health Services (Child and Family Services Division); George Barrett, Monroe County Probation; Jodi Levinson-Johnson, CCSI			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Pilot program has been implemented</li> <li>• Reached and will continue at capacity of 50 families</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Complete initial evaluation <ul style="list-style-type: none"> <li>• Continue to discuss possible expansion</li> </ul>			
<i>Contact(s):</i> Linda Oinen, Administrative Caseworker, MCDHHS; Monroe County Office of Probation and Community Corrections			
<i>Strategy to achieve desired outcome:</i> <b>Runaway/Homeless Youth</b> – Increase access to stable living for older Runaway and Homeless Youth in Monroe County.			
PRIORITY FOCUS AREA ADDRESSED: Community Development, Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Rochester-Monroe County Youth Bureau, MCDHHS; Runaway/Homeless Youth providers; Street Outreach Programs; Rochester City School District; Homeless Service Network Providers			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Continue to increase community awareness and communication of the existing community based services and advocate for runaway/homeless youth</li> <li>• Continue to enhance existing services of providers (technical assistance, access to training resources, shared resources across agency providers)</li> <li>• Document gaps in services on an ongoing basis and address the gaps as a community through the Continuum of Care for the Homeless</li> <li>• Federal Health and Human Services Runaway/Homeless Youth transitional living funds were granted for 12 transitional living beds (1 for a teen mother and baby) to the Center for Youth Services and Hillside Children's Center</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"> <li>• Continue to maintain existing funding for runaway/homeless youth</li> <li>• Assess and plan for difficult to serve older runaway/homeless youths' transitional housing needs</li> <li>• Work with the Rochester City School District to obtain and maintain McKinney Homeless Education funds</li> </ul>			
<i>Contact(s):</i> Joan Bickweat, Runaway/Homeless Youth Coordinator, Rochester-Monroe County Youth Bureau, MCDHHS			

**MCDHHS Outcome addressed: 4. Individuals and families experience permanency in their living situations**

<i>Strategy to achieve desired outcome:</i> <u>Diversion System Stabilization</u> – Maintain a system of diversion alternatives from pre-filing to post adjudication for PINS/JD youth that reduces the reliance on placement.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: Reducing Care Days, Permanent Exits	Title IV-B Federal Goal Addressed: 4	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services; Monroe County Probation; Rochester-Monroe County Youth Bureau, MCDHHS; Family Court, Monroe County Executive's Office			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"><li>• Contracted with CGR to facilitate a cross systems planning group to look at opportunities to reduce PINS &amp; JD filings, thereby reducing placements</li><li>• Secure 2004 funding for 93 formal PINS &amp; JD diversion slots</li><li>• Applied for a VERA Technical Assistance Grant</li></ul>			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"><li>• Secure a Technical Assistance Grant from VERA Institute to assist local planners, system representatives and concerned community members to look for ways to change current practice to ensure better outcomes for youth (Spring 2004)</li><li>• Review report from CGR planning process to identify which of the recommendation Monroe County will/can move forward with and develop a implementation plan and secure funding</li><li>• Develop plan to utilize OCFS funds targeted for PINS youth 16 – 18 to support FFT program and other diversion efforts targeted to older PINS youth and JDs</li><li>• Stabilize funding for the current diversion continuum of services to prevent any further loss of diversion slots</li><li>• Ensure a coordinated system of diversion alternatives that are culturally competent, accessible and that use models that are consistent with recent research findings</li><li>• Develop an annual report to the County Administration and JJ Council on diversion services focusing on outcomes and impacts</li></ul>			
<i>Contact(s):</i> Dan Ross, MCDHHS Child and Family Care Path Manager; Bob Burns, Monroe County Office of Probation and Community Corrections; Kim Hare, MCDHHS Juvenile Justice Services Planner			
<i>Strategy to achieve desired outcome:</i> <u>Improve Federal Permanency Outcomes for Families</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: Reducing Care Days, Permanent Exits	Title IV-B Federal Goal Addressed: 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"><li>• Targeting preventive services</li><li>• Increased size of Family and Youth Partnership to serve caseload of 50 children</li><li>• Continue Alternative Program Review (APR) of pre-adjudicated children to identify alternatives to placement</li><li>• Continue to review youth in non-secure detention to facilitate movement through the system</li></ul>			
<i>Strategies to complete in 2004-2006:</i> <ul style="list-style-type: none"><li>• Improve access to family assistance and information</li><li>• Explore expansion of YFP to serve children being discharged from residential placements (9/04)</li><li>• Evaluate APR process and identify improvement opportunities (12/04)</li></ul>			
<i>Contact(s):</i> Tom Corbett and Linda Oinen, Casework Administrators, MCDHHS			

**MCDHHS Outcome addressed: 4. Individuals and families experience permanency in their living situations**

<i>Strategy to achieve desired outcome:</i>			
<u>Improve Federal Permanency Outcomes for Families by Securing Permanent Exits through Adoptions</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: Reducing Care Days, Permanent Exits	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS; Monroe County Law Department; NYSOCFS			
<i>Strategies completed as of December 2003:</i>			
<ul style="list-style-type: none"> <li>• Review New York State policies with staff, legal, family court</li> <li>• Continue Alternative Program Review of pre-adjudicated children to identify alternatives to placement</li> <li>• Worked with family court, legal staff to develop strategies to speed process of freeing children using recently completed study done as a starting point</li> <li>• Conducted case reviews of freed children with goal of adoption but no adoptive home identified (Bridge to Permanency)</li> </ul>			
<i>Strategies to complete in 2004-2006:</i>			
<ul style="list-style-type: none"> <li>• Case reviews of freed children with goal of adoption, but not adoptive home identified (6/04)</li> <li>• Pilot and refine strategy for more rapid preparation of permanency petitions (6/04)</li> <li>• Redefine roles of voluntary agencies when children in their care are freed for adoption, with DHHS to assume responsibility for adoption work (3/04)</li> <li>• Case reviews of freed children with goal of independent living (2/04)</li> <li>• Share information on permanency planning for older children—continue Bob Lewis consultations (4/04)</li> <li>• Refine and pilot strategy for more rapid preparation of permanency petitions</li> <li>• Enhance availability of preventive services to kids being discharged from residential facilities (1/04)</li> </ul>			
<i>Contact(s):</i> Dan Ross, Child and Family Division Manager, MCDHHS			
<i>Strategy to achieve desired outcome:</i>			
<u>Improve Federal Permanency Outcomes for Families by Securing Permanent Exits through a Return Home</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: Permanent Exits and Care Days	TITLE IV-B FEDERAL GOAL ADDRESSED: 1	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS and Monroe County Law Department			
<i>Strategies completed as of December 2003:</i>			
<ul style="list-style-type: none"> <li>• Improved access to family assistance services and information</li> <li>• Regular meetings between CW administrative and legal staff to identify and address concerns have occurred and will continue to occur</li> <li>• Began Family Court mediation project</li> <li>• Developed criteria for closing CPS cases</li> </ul>			
<i>Strategies to complete in 2004-2006:</i>			
<ul style="list-style-type: none"> <li>• Develop process for review of residential care cases to shorten time in care/discharge earlier (6/04)</li> <li>• Explore preventive/aftercare services needed to shorten residential and foster family care placements and continue to refine purchased preventive programs to meet these needs (9/04)</li> </ul>			
<i>Contact(s):</i> Dan Ross, Child and Family Division Manager, MCDHHS			

**MCDHHS Outcome addressed: 4. Individuals and families experience permanency in their living situations**

*Strategy to achieve desired outcome:*

Integration of Child Welfare and Substance Abuse Treatment – Improve progress toward dual goals of sobriety/recovery and family permanency/child safety for families in child welfare system with substance abuse problems (see strategies that address outcome 3).

**MCDHHS Outcome addressed: 5. Individuals and families access needed support to obtain optimal development**

<p><i>Strategy to achieve desired outcome:</i>  <u>Community Asset Initiative</u> – Increase the community's action and involvement in building assets for children and youth in order to increase youth-adult partnerships; increase awareness and involvement of adults in asset building activities in their community; and increase the number of trained community residents who can promote asset building.</p>			
<p>PRIORITY FOCUS AREA ADDRESSED: Community Development, Youth Development</p>	<p>NATIONAL STANDARD ADDRESSED: N/A</p>	<p>TITLE IV-B FEDERAL GOAL ADDRESSED: N/A</p>	<p>ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A</p>
<p><i>Lead partnerships:</i> MCDHHS (Rochester-Monroe County Youth Bureau); Monroe County Health Department; Community Asset Partnership Network; Youth Services Quality Council</p>			
<p><i>Strategies completed as of December 2003:</i></p> <ul style="list-style-type: none"> <li>• Community wide asset building media campaign through Positive Youth Development to be developed using social marketing strategies to influence positive community involvement in the lives of children and youth to build assets and increase asset building behaviors of community residents.</li> <li>• Spring 2001, convened Community Asset Summit to provide networking and linking to increase youth-adult partnerships and develop action strategies to promote deeper community participation</li> <li>• Convened Monroe County Community Asset Summit, February 13, 2003</li> <li>• Continue to use the Train-the-Trainer model to build communication skills for new communities/newly interested community members to speak on assets</li> <li>• Continue to provide asset building recognition opportunities for individuals, groups and communities to nurture and support the efforts</li> <li>• Beginning to infuse asset language into child welfare services at MCDHHS</li> <li>• Ongoing distribution of Healthy Communities/Healthy Youth, strength based, positive youth development research and updates of "Link and Learn" throughout the county and New York.</li> <li>• Facilitate ongoing monthly networking opportunities for Monroe County community's initiatives</li> <li>• Providing ongoing support and technical assistance to local initiatives</li> </ul>			
<p><i>Strategies to complete in 2004-2006:</i></p> <ul style="list-style-type: none"> <li>• Continue to increase partnerships to incorporate Asset Building language throughout the community; e.g., Monroe County Department of Human and Health Services, early childhood efforts, after school efforts, and business communities</li> <li>• Explore ABCD approach to increase natural supports for youth and families</li> <li>• Participate in Ad Council positive youth development campaign</li> </ul>			
<p><i>Contact(s):</i> Joan Bickweat, Runaway and Homeless Youth Coordinator, Rochester-Monroe County Youth Bureau; Chris Dandino, Rochester-Monroe County Youth Bureau Director; Roseann Smith, Integrated Community Youth Development Assistant</p>			
<p><i>Strategy to achieve desired outcome:</i>  <u>Youth Development Outcomes and Measures</u> – Increase the number of youth development organizations with "like programs" sharing a common core of youth development outcomes and measurement tools.</p>			
<p>PRIORITY FOCUS AREA: Youth Development</p>	<p>NATIONAL STANDARD ADDRESSED: N/A</p>	<p>TITLE IV-B FEDERAL GOAL ADDRESSED: N/A</p>	<p>ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A</p>
<p><i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Rochester-Monroe County Youth Bureau); United Way of Greater Rochester; Youth Services Quality Council</p>			

## MCDHHS Outcome addressed: 5. Individuals and families access needed support to obtain optimal development

### *Strategies completed as of December 2003:*

- Promoted the collection of a core set of youth development program level outcomes commonly shared by youth development organizations
- Identified and/or developed measurement tools to determine the program impact and effectiveness and pilot the administration of tools
- Finalized the measurement tool(s), trained staff, and piloted the tools from Fall 2001-Spring 2002
- Explored software programs/reporting formats that can analyze and report results quickly and simply
- Developed the measurement tool for 6-11 year olds

### *Strategies to complete in 2004-2006:*

- Promote the use of the READY youth development measurement tool for youth 12 and older by youth development organizations
- Continue training in the use and analysis of the middle school and older version of the READY
- Assess leanings from the data findings of the tool regarding the impact of programming and improvement opportunities
- Finalize the development and testing of measurement tool 6-11 year olds
- Implement use of earlier age version READY and trainings in effective use

*Contact(s):* Chris Dandino, Coordinator of Youth Projects, Rochester-Monroe County Youth Bureau; YSQC Executive Committee; Elaine Spaul, The Center for Youth Services; Elizabeth Ramsey, Assessment, United Way of Greater Rochester; Dr. Jon Klein, Strong Adolescent Medicine

### *Strategy to achieve desired outcome:*

Children's Center (Secure Detention) – Children's Center (Secure Detention) will enhance its physical and programmatic design to ensure the safety of youth in care and that is based on recent research and juvenile justice best practices.

PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED:	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
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*Lead partnerships:* Monroe County Children's Center Administration; Monroe County Sheriff's Department; Monroe County Executives Office; Monroe County Department of Human and Health Services; Presentment Agency; Law Guardians; Monroe County Probation; Monroe County Engineering Department; Monroe County Finance Department; Juvenile Justice Council

### *Strategies completed as of December 2003:*

- N/A

### *Strategies to complete in 2004-2006:*

- Negotiate with new owners of land surrounding the Children's Center re road access, fence lines, recreation yard, building plans, parking, etc.
- Develop a 3- 5 year capital improvement plan for the Children's Center and include funds in 2005 budget to begin implementation of the capital improvement plan
- Undertake an analysis of service/resource needs and projections of/for the youth in the Children's Center.
- Work with OCFS Industry/Oatka and the JJ Council to begin implementation of the JJC concept by initiating joint programming in fall of 2004. Initial program developed will be the horticulture/landscape program with the building of a greenhouse at 350 Westfall Road.

*Contact(s):* Mike Marinan, Director, Monroe County Children's Center; Kim Hare, MCDHHS Juvenile Justice Planner



**MCDHHS Outcome addressed: 5. Individuals and families access needed support to obtain optimal development**

<i>Strategy to achieve desired outcome:</i> <u>Detention System: Education Program in Secure Detention</u> – Stabilize funding of and responsibility for the provision of the education program in the Children's Center.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Children's Center Administration; Monroe County Executives Office; Monroe County Department of Human and Health Services; Monroe County Finance Department; Monroe County School Boards Association; RCSD; OCFS Regional Office			
<i>Strategies completed as of December 2003:</i> • N/A			
<i>Strategies to complete in 2004-2006:</i> • Secure a legal interpretation/analysis of the "purple book" and recent decision on who is responsible for the education program, what services can be billed to district that the facility is located in, what services can be billed to district that the child is from, and what state aid can be claimed and by whom • Review new detention regulations being promulgated by OCFS related to provision of educational services • Meet with education representatives Include in proposed 2005 budget additional education costs and revenue (if applicable) based upon the outcome of the preceding items			
<i>Contact(s):</i> Mike Marinar, Director, Monroe County Children's Center			
<i>Strategy to achieve desired outcome:</i> <u>Integration of Youth Development Framework and Child Welfare Framework</u> – Continue to identify areas of service within MCDHHS that would be enhanced by infusing asset building/youth development principles into practice to increase strength-based approaches in working with youth; identify opportunities for youth development practitioners to increase their involvement in preventing and reporting child abuse and neglect.			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS			
<i>Strategies completed as of December 2003:</i> • Established interdepartmental planners' forum to identify areas to integrate youth development and child welfare principles • Developed strategies to implement integration of principles • MCDHHS representatives attended Search Institute's annual conference			
<i>Strategies to complete in 2004-2006:</i> • Explore strength based approaches and programs for child welfare that support and reinforce youth development principles • Invite child welfare staff to attend Best Practices Partnership Trainings • Determine if this outcome is contained in other areas for improvement			
<i>Contact(s):</i> Joe Martino, Special Programs Manager, MCDHHS, Chris Dandino, Rochester-Monroe County Youth Bureau Director, MCDHHS; Melissa Affronti, Senior Human Services Planner, Special Programs Division, MCDHHS			

**MCDHHS Outcome addressed: 5. Individuals and families access needed support to obtain optimal development**

<i>Strategy to achieve desired outcome:</i>			
<u>Integration of Early Intervention and Education for Children with Disabilities into Child and Family Services Division</u>			
PRIORITY FOCUS AREA ADDRESSED: Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1 and 2	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Children and Family Services Division); Monroe County Department of Health (Early Intervention and Education for Children with Disabilities)			
<i>Strategies completed as of December 2003:</i>			
<ul style="list-style-type: none"> <li>• Administration responsible for EI/ECD transferred to Child and Family Care Path Manager</li> <li>• New administration for EI/ECD hired</li> </ul>			
<i>Strategies to complete in 2004-2006:</i>			
<ul style="list-style-type: none"> <li>• Review procedures for referral with child welfare cases to EI/ECD</li> <li>• Develop a policy and procedures for enhanced day care funding</li> <li>• Convene joint supervisory staff meetings</li> </ul>			
<i>Strategy to achieve desired outcome:</i>			
<u>Effective Models, Strategies, and Services</u> – Increase the number of research-based effective models, strategies, or services implemented by youth development contract agencies and building the larger youth service system capacity (see MCDHHS outcome 9).			

**MCDHHS Outcome addressed: 6. Individuals and families will achieve and maintain physical and emotional well-being**

*Strategy to achieve desired outcome:*

Legally Exempt Child Care – Improve the safety and quality of programming of legally exempt (informal) childcare providers.

PRIORITY FOCUS AREA ADDRESSED: Youth Development	National Standard Addressed: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED:	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
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*Lead partnerships:* Monroe County Department of Human and Health Services; AMRIC; to be determined

*Strategies completed as of December 2003:*

- Conduct on an ongoing basis criminal records check of all new informal providers and of all persons over age 18 living in the household
- Conduct on an ongoing basis unannounced visits/inspections by AMRIC and the Quality Review Team of all new informal providers to ensure that they are available to provide the care authorized and to check for major safety concerns

*Strategies to complete in 2004-2006:*

- Complete 20,000 records checks in 2004
- Conduct 18,000 unannounced visits/inspections
- Issue RFP for visitation program and monitor the implementation of the program
- Identify staff to conduct Provider Enrollment seminars; work with various early childhood advocacy groups, provider groups and community agencies in designing and scheduling seminars; explore opportunities to jointly present seminars

*Contact(s):* Joe Martino, Manager, Special Programs Division, DHHS

**MCDHHS Outcome addressed: 7. DHHS Operates at a maximum level of fiscal responsibility**

<i>Strategy to achieve desired outcome:</i>			
<u>IV-E Eligibility Determinations</u> – Improve system through which IV-E eligibility determinations are made			
PRIORITY FOCUS AREA: N/A	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS; NYSOCFS; Monroe County Law Department			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Implemented Electronic Eligibility for Initial IV-E Determinations</li> <li>• Claiming of IV-E for students who are 18</li> <li>• Developed in-house expert capacity</li> <li>• Worked with County Law department and Family Court Clerks Office on wording of court orders</li> </ul> Review of under care cases prior to 1997			
<i>Strategies to complete in 2004-2006:</i> Complete processing of manual (old system) IV-E Eligibility Cases Participate in Federal IV-E Audit (Fall 2004) <ul style="list-style-type: none"> <li>• 85% of IV-E Determinations utilizing the electronic worksheet will be completed within 60 days of the child entering care.</li> </ul> Foster homes used by DHHS will have a current certification Implement Rosales project to identify potential additional IV-E eligibles			
<i>Contact(s):</i> Rob Benvenuti, Sr. Examiner, Program Support; Anita Taylor, Sr. Examiner, Program Support; Dan Ross, Manager, Child & Family Services			
<i>Strategy to achieve desired outcome:</i>			
<u>Title XX Eligibility Determinations</u> – Improve system through which Title XX eligibility determinations are made			
PRIORITY FOCUS AREA: N/A	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS; NYSOCFS;			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Title XX Eligible cases identified through analysis of authorizations. Authorizations corrected. Retro claiming completed.</li> <li>• Developed in-house expert capacity</li> </ul> Implementation of electronic worksheet as of 11/25/03 <ul style="list-style-type: none"> <li>• Training of staff in reauthorization requirements</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Complete processing of manual (old system) Title XX cases <ul style="list-style-type: none"> <li>• 95% of Title XX Determinations utilizing the electronic worksheet will be completed within 30 days of case opening or in those cases where the child is coming into care, within 60 days.</li> </ul>			
<i>Contact(s):</i> Rob Benvenuti, Sr. Examiner, Program Support; Anita Taylor, Sr. Examiner, Program Support; Dan Ross, Manager, Child & Family Services			
<i>Strategy to achieve desired outcome:</i>			
<u>Detention System: Maximizing Reimbursement</u> – Ensure that Monroe County maximizes its ability to claim reimbursement for youth in secure and non-secure detention and thereby reducing the amount of local tax money spent			
PRIORITY FOCUS AREA: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Children's Center Administration; Hillside Children's Center Administration; Monroe County Chief Clerk of Family Court; Monroe County Executive's Office; Monroe County Department of Human and Health Services; Presentment Agency; Law Guardians, Monroe County Probation; Monroe County Law Department; Regional OCFS; DHHS Residential Services Unit			

## MCDHHS Outcome addressed: 7. DHHS Operates at a maximum level of fiscal responsibility

*Strategies completed as of December 2003:*

- Completed 45 day data collection for OCFS

*Strategies to complete in 2004-2006:*

- Ad Hoc Group will be formed to look at the impact of the proposed detention regulations; this group will collect and analysis data/information on youth staying 45 days or longer to determine reasons why and what could be done to reduce length of stay
- County Law Department, Presentment, Law Guardians and Family Court Clerk's Office will review data concerning the remands from OCFS's review of youth staying 45 days or longer; they will look at ways to ensure that the remands meet legal standards and can be supported by the case information.
- DHHS and OCFS will look for opportunities to reduce the length of time it takes them to facilitate a placement on a youth
- Data on youth that stay 45 days or longer will be reviewed quarterly and shared with DHHS Administration and the JJ Council
- Develop a quarterly report to DHHS Administration reporting on youth staying 45 days or longer, reasons why and case outcome/resolution.

*Contact(s):* Kim Hare, Juvenile Justice Planner, Special Programs, MCDHHS

*Strategy to achieve desired outcome:*

Youth and Family Partnership– Reduction in the number and rate of residential placements for Monroe County youth by forming a cross systems service system work team and piloting a system that includes assessment, strength based services, flexible funding, and capitation (see MCDHHS outcome 4 above).

*Strategy to achieve desired outcome:*

Improve Federal Permanency Outcomes for Families by Securing Permanent Exits through a Return Home (see MCDHHS outcome 4 above).

*Strategy to achieve desired outcome:*

Improve Federal Permanency Outcomes for Families by Securing Permanent Exits through Adoptions (see MCDHHS outcome 4 above).

*Strategy to achieve desired outcome:*

Child Care: Payment System – Improve the payment system for all types of subsidized child care which will result in less than 5% of the attendance sheets not paid monthly, reduction in payment complaint calls, and increase satisfaction about payments among providers, parents and DHHS staff (see MCDHHS outcome 9).

*Strategy to achieve desired outcome:*

Effective Practice – Increase knowledge of human service providers on all staffing levels on appropriate research based/evidence based programming and methods to transition to more effective programs; increase skills of supervisory staff when integrating effective practice; increase competencies and skills of those who work with youth and their families to lay a foundation for strength based, youth development and family centered approaches; increase capacity to integrate youth development approaches throughout appropriate organizations (see MCDHHS outcome 9).

*Strategy to achieve desired outcome:*

Provider Resource Network – Utilize a computerized referral system with any Adult Protective case to see if a person is already linked to and where for services (see MCDHHS outcome 9).

**MCDHHS Outcome addressed: 8. Employees of DHHS will experience a high degree of satisfaction**

<i>Strategy to achieve desired outcome:</i> <u>Employee Safety Committee</u> – Address staff safety and security issues.			
PRIORITY FOCUS AREA ADDRESSED: N/A	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> MCDHHS; Monroe County Health Department; Monroe County Security			
<i>Strategies completed as of December 2003:</i> • N/A			
<i>Strategies to complete in 2004-2006:</i> • Ensure representation from all departments and divisions of MCDHHS and the Monroe County Health Department • Meet bi-weekly to review incident reports • Identify persona non grata • Make recommendations to department administration and county administration around safety and security issues			
<i>Contact(s):</i> Perry Wheeler, Special Investigations, MCDHHS			

<i>Strategy to achieve desired outcome:</i> <u>Provider Resource Network</u> – Utilize a computerized referral system with any Adult Protective case to see if a person is already linked to and where for services (see MCDHHS outcome 9).
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**MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction**

<p><i>Strategy to achieve desired outcome:</i>  <u>Effective Models, Strategies, and Services</u> – Increase the number of research-based effective models, strategies, or services implemented by youth development contract agencies and building the larger youth service system capacity.</p>			
<p>PRIORITY FOCUS AREA ADDRESSED:  Community Development, Family Development, Youth Development</p>	<p>NATIONAL STANDARD ADDRESSED: N/A</p>	<p>TITLE IV-B FEDERAL GOAL ADDRESSED: N/A</p>	<p>ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A</p>
<p><i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Rochester-Monroe County Youth Bureau and Office of Mental Health); Monroe County Department of Health; University of Rochester, Mt. Hope Family Center</p>			
<p><i>Strategies completed as of December 2003:</i></p> <ul style="list-style-type: none"> <li>• Protocol that new funding responds to one or more priority focus areas</li> <li>• Developed “user friendly” <i>COMPENDIUM OF EFFECTIVE MODELS, STRATEGIES AND SERVICES</i></li> <li>• Presented and disseminated <i>COMPENDIUM</i> to existing contract agencies and other youth and family serving agencies. Community groups and municipal agencies; <i>COMPENDIUM</i> is now available online</li> <li>• Provide and continue to provide, when possible, and/or arranged for ongoing technical assistance on research-based effective programs, strategies, and services</li> <li>• Through email, continue to distribute information on promising practices, effective programs, and strategies as identified</li> <li>• Planned, hosted, sponsored and partially funded in conjunction with local youth development agencies, the “Building Strengths in Youth, Families, and Communities: A Conference on What Works” which highlighted nine research-based program models.</li> <li>• Hosted, sponsored, and funded a workshop provided by a representative from the “Blueprints for Violence Prevention Programs” to present the importance of fidelity to research based programs during implementation</li> <li>• Piloted “Peacebuilders’ in connection to the existing asset building efforts and hosted the Peacebuilders Train the Trainer training</li> <li>• Worked with a group of human service agencies to implement and fund, “The Incredible Years Basic Parenting Program” in eight agencies; evaluation of this program will continue</li> <li>• Purchased and coordinated with the University of Rochester, the training for PATHS in a City of Rochester elementary school</li> </ul>			
<p><i>Strategies to complete in 2004-2006:</i></p> <ul style="list-style-type: none"> <li>• Continue to update the <i>COMPENDIUM</i></li> <li>• Continue to assess with youth and family serving agencies and schools the possibility of implementation for more research based programs</li> <li>• Present results on the implementation of the Incredible Years Basic Program in Monroe County</li> </ul>			
<p><i>Contact(s):</i> Chris Dandino, Coordinator of Youth Projects, Rochester-Monroe County Youth Bureau; Melissa Affronti, Senior Human Services Planner, Special Programs Division, MCDHHS; Joe Martino, Special Programs Manager, MCDHHS; Maryann Gattalaro, Preventive Supervisor, MCDHHS; Jody Todd-Manly, Clinical Director, Mt. Hope Family Center</p>			

**MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction**

<i>Strategy to achieve desired outcome:</i> <u>Child Care: Payment System</u> – Improve the payment system for all types of subsidized child care which will result in less than 5% of the attendance sheets not paid monthly, reduction in payment complaint calls, and increase satisfaction about payments among providers, parents and DHHS staff.			
PRIORITY FOCUS AREA: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> To be determined			
<i>Strategies completed as of December 2003:</i> <ul style="list-style-type: none"> <li>• Developed a Request for Proposal for an agency, or agencies, to develop and implement a payment system(s)</li> <li>• Contractor selected to develop and implement system</li> </ul>			
<i>Strategies to complete in 2004-2006:</i> Technical Assistance Team from DHHS will be formed to work closely with contractor on system design and start-up Develop mechanism to communicate payment system change to DHHS staff, child care providers in the community and parents Develop a payment monitoring system Develop a feedback/evaluation process that is on going and gathers information from DHHS staff, childcare providers, parents, advocacy groups, and other concerned individuals.			
<i>Contact(s):</i> Joe Martino, Special Programs Manager, MCDHHS			
<i>Strategy to achieve desired outcome:</i> <u>Effective Practice</u> – Increase knowledge of human service providers on all staffing levels on appropriate research based/evidence based programming and methods to transition to more effective programs; increase skills of supervisory staff when integrating effective practice; increase competencies and skills of those who work with youth and their families to lay a foundation for strength based, youth development and family centered approaches; increase capacity to integrate youth development approaches throughout appropriate organizations			
PRIORITY FOCUS AREA ADDRESSED: Community Development, Family Development, Youth Development,	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Rochester-Monroe County Youth Bureau and Child and Family Services); Rochester Area Community Foundation; Youth Services Quality Council; Best Practices Partnership			



**MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction**

*Strategies completed as of December 2003:*

- Connected ACT for Youth goals and effective practice development to support skill development; Offered and continue to offer Advancing Youth Development, YD Group Work and Interactive Approach to Supervision and Developmentally Appropriate Practice
- Piloted Youth Development Group Work series and assessed the capacity of the curriculum to improve youth group work currently occurring in the community
- Assessed and developed the integration of Advancing Youth Development (AYD) and Community Youth Development (CYD) professional development series, incorporating the philosophy, strategies and tools that CYD has expanded on from the AYD curriculum; piloted enhanced ACYD in 2002
- Explore and continue to explore strategies/formats to introduce and share information on evidence based/research based programs shown to be effective in reducing risks and increasing assets/protective factors as well as latest research on youth development practice from the National Research Council
- Developed a funding proposal to implement an intensive youth development organizational change initiative
- The "Building Capacity in Youth, Families, and Communities Partnerships (formerly Best Practices Partnership) recently supported supervisory training and an intense youth development worker training

*Strategies to complete in 2004-2006:*

- Pilot Youth Development Approach with Behaviorally Challenging Youth
- Continue the integration of AYD and CYD
- Provide organizational capacity building to integrate youth development principles, policies and practices within the infrastructure of the organization; explore a 1 to 1 coaching approach with several organizations utilizing a learning resource team model
- Develop coaches/mentors who can support organizations; integrations of principles, concepts and skills for effective practice and programs
- The "Building Capacity in Youth, Families, and Communities Partnerships (formerly Best Practices Partnership) will revise its short and long-term planning
- Implement Strategic Process for Capacity Building

*Contact(s):* Chris Dandino, Coordinator of Youth Projects, Rochester-Monroe County Youth Bureau; Joe Martino, Special Programs Manager, DHHS

*Strategy to achieve desired outcome:*

**Effective Collaboration and Coordination** – Increase quality and effectiveness of collaborative efforts in the community where the Monroe County Department of Human and Health Services is a partner. Increase the coordination of efforts, including collaboratives in the community that align with priority focus areas and a common youth development framework.

PRIORITY FOCUS AREA ADDRESSED: Community Development, Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
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*Lead partnerships:* Monroe County Department of Human and Health Services (Rochester-Monroe County Youth Bureau and Child and Family Services); United Way of Greater Rochester; Youth Services Quality Council; Rochester City School District; Community Asset Partnership Network; Early Childhood Development Initiative; Council for Human Services Agencies Executives

**MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction**

*Strategies completed as of December 2003:*

- Identified through previous Youth 2000 efforts, existing collaboratives, coalitions, networks, and other associative groups whose mission/service align with or connect to the priority focus areas
- Continued efforts to collaborate with funding partners and youth development professionals and collaboratives that align with the department's priority focus areas
- Conducted poll of all administrative and supervisory staff to identify the collaboratives in which Monroe County participates (many of collaborative efforts are underway – for additional information consult with other outcome areas)

*Strategies to complete in 2004-2006:*

- Develop and coordinate strategy of involvement with community collaboratives, coordinating councils, boards, and initiatives
- Improve coordination of department staff involved with community collaboratives
- Ensure that staff utilize the department's priority focus areas and staff involvement related to department-wide outcomes
- Measure effectiveness of MCDHSS collaboration and coordination through a survey of non-county collaborative partners
- Increase involvement with community collaborations that align with the department's priority focus areas

*Contact(s):* Joe Martino, Special Programs Manager, MCDHHS

*Strategy to achieve desired outcome:*

Provider Resource Network – Utilize a computerized referral system with any Adult Protective case to see if a person is already linked to and where for services.

PRIORITY FOCUS AREA ADDRESSED: N/A	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: 1 and 3
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*Lead partnerships:* MCDHHS, Adult Protective Services; NYSOCFS; Lifeline

*Strategies completed as of December 2003:*

- Adult Protective Services is currently utilizing the PRN to establish whether or not an individual is connected with community resources
- Adult Protective Services is participating in the pilot of ASAP which would link to other county APS divisions

*Strategies to complete in 2004-2006:*

- Secure funding to have a decision tree created for the adult protective piece of the Provider Resource Network to make the referral or receive the referral
- Determine possibilities with NYSOCFS to integrate PRN with the adult services automated project

*Contact(s):* Corinda Crossdale, Older Adult Services Manager, MCDHHS

*Strategy to achieve desired outcome:*

Improve Federal Safety Outcomes for Families by Reducing Maltreatment of Children in Foster Care (See also MCDHHS Outcome 3 - Individuals and families are safe).

**MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction**

*Strategy to achieve desired outcome:*

Relative Resource Placements– Establish clear policies and practice standards for children placed with relatives under court ordered CPS supervision (see MCDHHS outcome 4).

*Strategy to achieve desired outcome:*

Children's Center (Secure Detention) – Children's Center (Secure Detention) will enhance its physical and programmatic design to ensure the safety of youth in care and that is based on recent research and juvenile justice best practices (see MCDHHS outcome 5).

*Strategy to achieve desired outcome:*

Detention System: Education Program in Secure Detention – Stabilize funding of and responsibility for the provision of the education program in the Children's Center (see MCDHHS outcome 5).

## Strategies that have been completed

<b>MCDHHS Outcome addressed: 3. Individuals and families experience permanency in their living situations</b>			
<i>Strategy to achieve desired outcome:</i> <u>Foster Care Intake Family Assessments</u> – Completion of a thorough, written assessment of each family served by the Intake section; assessment to include all descriptive and status information on family strengths, and needs, analysis of critical issues facing families and children as they enter foster care.			
PRIORITY FOCUS AREA: Community Development, Family Development, Community Development	NATIONAL STANDARD ADDRESSED: Permanent exits and care days, Foster care reentry	TITLE IV-B FEDERAL GOAL ADDRESSED: 1 AND 3	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County office of Communications and Special Events, Monroe County Department of Human and Health Services			
<i>Strategies completed as of December 2003:</i> • All assessments are prepared as part of the protocol.			
<i>Contact(s):</i> Cindy Lewis, MCDHHS Foster Care Administrator and Linda Oinen, MCDHHS Foster Care Administrator			
<b>MCDHHS Outcome addressed: 9. Customers of DHHS will experience a high degree of satisfaction</b>			
<i>Strategy to achieve desired outcome:</i> <u>Joint Funding Application</u> – Create a common application format developed with a minimum of three major funders to decrease the time providers spend seeking funding support and to increase shared processes, shared language, and consistent approach to investment decisions			
PRIORITY FOCUS AREA: Community Development, Family Development, Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE SERVICES GOAL ADDRESSED: N/A
<i>Lead partnerships:</i> Monroe County Department of Human and Health Services (Rochester-Monroe County Youth Bureau, Child and Family Services Division), United Way of Greater Rochester			
<i>Strategies completed as of December 2003:</i> • Established a joint task team of funders to review current application formats for funding and develop common application format • Conducted focus groups for provider input on format, ease of completing and consistency with multiple funder requirements • Key decision makers and staff of major funding entities reviewed and provided input on waiver to use common format • MCDHHS (Rochester-Monroe County Youth Bureau), the United Way of Greater Rochester and the City of Rochester Bureau of Human Services jointly reviewed applications for OCFS funding for programs funded by each organization • Process is ongoing and accepted applications for Youth Bureau funding are acting as the “letter of intent” for the United Way process • Rochester-Monroe County Youth Bureau, in cooperation with its partners, are providing technical assistance to providers and follow-up on required action steps • Ongoing communication and coordination will ensure continuation of the joint process through the partner’s funding cycles			
<i>Contact(s):</i> Chris Dandino, Coordinator of Youth Projects, Rochester-Monroe County Youth Bureau; Youth Bureau Shared Management Team; Kathy Lewis, Director of Evaluation, United Way of Greater Rochester; Mary Ann Gattalaro, Supervisor of Preventive Services, MCDHHS			

## **Plan Monitoring**

### **v. Plan Monitoring**

One way through which plan monitoring will be achieved is through monthly management meetings with the Department of Human and Health Services Managers and the Deputy County Executive. Each month the managers present their scorecards to the County Executive management staff to review progress towards meeting goals and identify corrections actions to meet goals.

Leadership team meetings are held weekly with DHHS Department Managers and the Commissioner. These meetings focus primarily on departmental issues and cover many of the policy areas directed by the ICP.

DHHS planners are the primary writers of the ICP. Planners meetings are held monthly where the Integrated County Plan is discussed along with other relevant issues. A goal of the planners meetings is to identify areas where DHHS can further meet its goals mentioned in the Strategic Framework and Outcomes sections.

Improvement projects are assessed by the lead partnerships listed in the outcomes section. Each improvement project has its own time frame and may be assessed as much as monthly. These projects are also reviewed at least yearly by the Integrated County Planning partners as part of the yearly updates to the Integrated County Plan.

### VI. Resource Allocation /Financing Process

#### A. Rochester-Monroe County Youth Bureau

The 2004-2006 Integrated County Plan provides direction for the Youth Bureau's selection and investment in programs and strategic initiatives. The Plan focuses our resources within three priority areas: Youth Development, Family Development, and Community Development. It also continues the commitment to support three Monroe County community-wide outcomes: Children Succeeding in School, Youth Leading Healthy Lives, and Strengthening Families. The Plan also requires the incorporation of a youth development framework.

Alignment, methodology and performance are the cornerstones to investment decision-making. All programs requesting funds are expected to submit program descriptions at the start of a three-year investment cycle. The program description review lays an important foundation for selection decisions for a new funding cycle. To receive funding each program must align with one or more of the community-wide outcomes and focus within one or more of the priority areas and be based on a youth development framework. The program's methodology is then assessed, its elements of effectiveness and fidelity of design, the degree of change or improvement expected of program participants, and how well a program promotes or supports a coordinated service system. The program's performance against the outcome objectives it has established is reviewed, and/or available past performance history is examined. Programs are expected to submit a logic model with their program description that delineates the assumptions, inputs, activities and outputs that will lead to the outcomes. Research based/evidence based elements are to be incorporated into the program model. Also reviewed is the target population to be served, the basis used for selecting performance standards and the program's commitment to continuous program improvement.

The Youth Bureau recognizes that funds allocated to support a youth development program often make up a portion of the funds required to implement a program and that other funders are partners in this funding investment. Thus it is essential in resource allocation decisions to maximize input and feedback from all parties involved in the program investment. The current program budget of the Youth Bureau is 97% state funds and 3% county funds. The OCFS funding formula for YDDP/YI has gone from a high of \$6.50 per youth to \$4.72 per youth. A similar type of decrease in SDPP funds and no increase in RN/HY funds have also contributed to the challenge of maintaining service levels and effective programming models. Decreases in state and county funds, as well as special member items requires that the Youth Bureau seek

## Resource Allocation /Financing Process

funding partnerships to support program models that are effective and can serve the many youth that could benefit from programming.

The ICP promotes a joint coordinated and collaborative approach to impacting youth and family outcomes. The Resource Allocation process will reinforce this strategy by recognizing opportunities to work closely with other funders and relevant parties to implement a joint investment approach whereby new funding decisions and requests for proposals are not conducted in isolation but as cooperative ventures.

Thus, selection decisions will be decided by Youth Bureau staff and Youth Board members with involvement of other relevant parties in the process including other funders, youth and family consumers, or other appropriate representatives as related to the nature of the investment opportunity (i.e., investments to support success in school may include school representatives or investments to improve neighborhoods may include neighborhood association representatives).

A long term goal is to put in place comprehensive investment strategies and approaches for each priority area and community-wide outcome in partnership with other funders, providers and constituents.

The Funding Priority Guidelines Plan is can be found in attachment 3. This plan will be distributed to all interested in receiving Youth Bureau funds.

### B. Child and Family Services -

The Department of Social Services uses three major sources of funds to support Child Welfare, Adult, and Child Care services- federal, state, and local government. For 2000, the total cost of these services is budgeted to be about \$166 million with \$50 million reimbursed by the federal government, \$72 million by state government and \$43 million from the county government. In recent years both the Federal and the State governments have been funding much of the services through block grants which has the effect of making any new costs 100% local and discourages the development of new programs. Since 2000, Monroe County has experienced a substantial decline in state reimbursement from \$77 million in 2000 to \$72 million projected in 2004. At the same time the county's share increased by 30% from \$33 million in 2002 to \$43 million for 2004. Although the county share of the budget has actually been increasing, the increase has largely been done to offset the decline in state revenue.

Given funding contracting, resource allocation is demand driven for many services including foster care and adoption where the amount that is spent is primarily a function of the number of children in care or receiving an adoption subsidy. In the case of preventive services, due to a substantial county budget

## Resource Allocation /Financing Process

deficit in 2002 and 2003, Monroe County reduced its local share of funds to Preventive programs thereby reducing a number of contracts. In 2004, it is projected that Monroe County will have to further reduce the number of preventive contracts as the funds to support them have been significantly cut. These cuts have resulted in the tightening of referral criteria to focus on families at imminent risk of placement. There will no longer be an ability to take *community referrals*. Monroe County will apply to access some new funds to serve PINS 16 & 17 to off-set funding cuts in preventive services.

Funds from the TANF Block Grant continue to support one CPS Investigation team. The caseworkers on this team have a limited number of cases, i.e. their caseloads are "capped." The continued existence of this team serves as a model for other teams to consider in the future if circumstances allow.

Monroe County will continue to work with the Office of Children and Family Services and the New York Public Welfare Association to develop funding structure that will allow counties to respond to increased/emerging needs and encourage increased investment in preventive services. In 2004, DHHS will be exploring various funding opportunities to shore up existing programs and services. Within DHHS, the 5 divisions will look for opportunities to blend funding streams to support critical services and staff.



**APPENDIX A**  
**PLAN SIGNATURE PAGE**  
**CHILD AND FAMILY SERVICES PLAN**

We hereby approve and submit the Child and Family Services Plan including the Strategic Component, the Administrative Component-Department of Social Services and the Administrative Component-Youth Bureau for the Monroe County Department of Social Services and Youth Bureau for the period of May 1, 2004, through December 31, 2006.

\_\_\_\_\_  
Commissioner  
County Department of Social Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director  
County Youth Bureau

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair  
County Youth Board

\_\_\_\_\_  
Date

\*\*\*\*\*

**WAIVER**

(Complete and sign the following section if a waiver is being sought concerning the submission of Appendix C – Administrative Component Department of Social Services – Estimate of Clients to be Served)

County requests a waiver to 18 NYCRR 407.5 (a) (3) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix C, of the Administrative Component – Department of Social Services is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the County Child and Family Services Planning Process.

\_\_\_\_\_  
Commissioner  
County Department of Social Services

\_\_\_\_\_  
Date

\*\*\*\*\*

Enclosed is the Child and Family Services Plan for \_\_\_\_\_ County. My signature below constitutes approval of this report.

\_\_\_\_\_  
Chief Elected Officer; or the Chairperson  
of the legislative body in those districts

\_\_\_\_\_  
Date

## APPENDIX B-1

### CHILD FAMILY SERVICES PLAN

#### List of Required Interagency Consultation

#### PROTECTIVE SERVICES FOR ADULTS

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
<b>PROTECTIVE SERVICES FOR ADULTS</b>		
Aging	Monroe County Office for Aging Greater Rochester Area Partnership for the Elderly (GRAPE) MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Domestic Violence (DV) Coalition	<ul style="list-style-type: none"> <li>Office for the Aging - Weekly meetings</li> <li>Greater Rochester Area Partnership for the Elderly (GRAPE) - monthly meetings</li> <li>Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee - monthly meetings.</li> <li>Domestic Violence (DV) Coalition - monthly meetings.</li> </ul>
Health	MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Homeless Services Network	<ul style="list-style-type: none"> <li>CAC - APS sub-committee - monthly meetings</li> <li>Homeless Services Network (HSN) - monthly meetings</li> </ul>
Mental Health	OMH and mental health provider agencies	<ul style="list-style-type: none"> <li>OMH and mental health provider agencies – as needed</li> </ul>
Legal	Monroe County Law Department	<ul style="list-style-type: none"> <li>Monroe County Law Department - monthly meetings</li> </ul>
Law Enforcement	MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Domestic Violence (DV) Coalition	<ul style="list-style-type: none"> <li>CAC - APS sub-committee - monthly meetings</li> <li>DV coalition - monthly meetings</li> </ul>
Other Public/Private/Voluntary Agencies	N/A Homeless Services Network Rochester Gas and Electric Family Services of Rochester MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Monroe County Leadership Team High Risk Committee	<ul style="list-style-type: none"> <li>APS staff meeting -monthly meetings</li> <li>HSN - monthly meetings</li> <li>Rochester Gas and Electric - quarterly meetings</li> <li>Family Services of Rochester - quarterly meetings</li> <li>CAC - monthly meetings</li> <li>Monroe County leadership - monthly meetings</li> <li>High Risk Committee – twice per month</li> </ul>

#### Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Reducing risks and increasing protection for adults is a major item in all meetings/consultations. Providing coordinated services with partners continues to be supported and discussed, including the recent merger of human services and the opportunity for Adult Protective Services to work more closely with Office for the Aging and Financial Assistance. Interagency consultations also have occurred regarding housing and securing appropriate housing, such as family type homes for adults.

**APPENDIX B-2**  
**CHILD FAMILY SERVICES PLAN**  
**List of Required Interagency Consultation**  
**CHILD PROTECTIVE SERVICES**

	<b>AGENCY NAME</b>	<b>DATES/FREQUENCIES OF MEETINGS</b>
<b>Agency Type</b>		
Law Enforcement	IMPACT Team Executive Committee	<ul style="list-style-type: none"> <li>• IMPACT - Four times a year</li> </ul>
Family Court	Family Court Mediation Task Force Family Court Judges	<ul style="list-style-type: none"> <li>• Family Court Mediation Task Force – 6 or 8 times a year</li> <li>• Family Court Judges - Bi-yearly</li> </ul>
Public/Private Agencies	Citizens Advisory Council Children and Family Services Subcommittee Safe Start Collaborative Council Juvenile Justice Council Children's Mental Health Task Force Early Childhood Development Initiative	<ul style="list-style-type: none"> <li>• Citizens Advisory Council Children and Family Services Subcommittee - approximately every other month</li> <li>• Safe Start Collaborative Council - Approximately every other month</li> <li>• Juvenile Justice Council - Every month</li> <li>• Children's Mental Health Task Force - Meets quarterly</li> <li>• Early Childhood Development Initiative – Monthly</li> </ul>

**Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:**

Implementation of the Child Fatality Review team and an ongoing agreement between law enforcement and Child Protective Services is one area of consultation. Public awareness of child abuse is addressed as well. Discussion of family court procedures and issues of permanency and placement rates such as keeping youth in the community when possible continue to occur. The process of mediation in family court and its implementation has been a major topic in 2003.

### APPENDIX B-3

#### CHILD FAMILY SERVICES PLAN

#### List of Required Interagency Consultation

#### CHILD WELFARE SERVICES

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
<b>Agency Type</b>		
Government Agencies	Monroe County Probation Department Monroe County Youth Bureau Monroe County Office of Mental Health Monroe County Law Department Family Drug Court Juvenile Drug Court Office of Children and Family Services Coordinated Care Services Inc. Monroe County Health Department Monroe County Office for the Aging	<ul style="list-style-type: none"> <li>• Monroe County Probation - twice weekly</li> <li>• Monroe County Youth Bureau – weekly</li> <li>• Monroe County Office of Mental Health – weekly</li> <li>• Monroe County Law Department – monthly</li> <li>• Family Drug Court – weekly</li> <li>• Juvenile Drug Court – at least monthly</li> <li>• Office of Children and Family Services – as needed</li> <li>• Coordinated Care Services Inc. – twice weekly</li> <li>• Monroe County Health Department – as needed</li> <li>• Monroe County Office for the Aging - weekly</li> </ul>
Authorized Agencies	Alternative for Battered Women Hillside Children's Center St. Joseph's Villa Berkshire Farms Ibero American Action League Urban League of Rochester Lifetime Assistance Catholic Family Center Society for the Protection and Care of Children	<ul style="list-style-type: none"> <li>• Alternatives for Battered Women – as needed</li> <li>• Hillside Children's Center – weekly</li> <li>• St. Joseph's Villa – monthly</li> <li>• Berkshire Farms – monthly</li> <li>• Ibero American Action League – monthly</li> <li>• Urban League of Rochester – monthly</li> <li>• Lifetime Assistance – monthly</li> <li>• Catholic Family Center – monthly</li> <li>• Society for the Protection and Care of Children – monthly</li> </ul>
Concerned Individuals/Groups	Citizens Advisory Council Children and Family Services Subcommittee Greater Rochester Collaborative Master of Social Work Program Adoption Resource Network Attendees of the Public Hearing	<ul style="list-style-type: none"> <li>• Citizens Advisory Council Children and Family Services Subcommittee - approximately every other month</li> <li>• Greater Rochester Collaborative Master of Social Work Program – monthly</li> <li>• Adoption Resource Network – as needed</li> <li>• Attendees of the Public Hearing – at public hearing</li> </ul>

#### Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Management and staff from MCDHHS meet weekly or twice weekly with the human services divisions that have been merged such as the Office for Mental Health, Office for the Aging, Youth Bureau, and Health Department to discuss programmatic and service delivery issues and to better coordinate services. Meetings also occur with Probation and CCSI to discuss individual cases and service delivery. Management and staff also consult often with Preventive agencies mentioned in the authorized agency section to discuss service delivery and program issues. Concerned Individuals and groups are consulted with mainly on an as needed basis or during special projects. DHHS is open to general suggestions offered from all groups/individuals mentioned.

**APPENDIX B-4**  
**CHILD FAMILY SERVICES PLAN**  
**List of Required Interagency Consultation**  
**DAY CARE SERVICES**

<b>DAY CARE SERVICES</b>	<b>Dates/Frequency</b>
<b>Government Agencies</b> Rochester City School District BOCES I Bureau of Early Childhood Services	Rochester City School District - Monthly beginning 2000 BOCES I - Monthly beginning 2000 Bureau of Early Childhood Services - Quarterly beginning 2000
<b>Other Public/Private/Voluntary Agencies</b> Day Care Quality Council United Way of Greater Rochester Monroe County Department of Health Dioceses of Rochester Head Start	Day Care Quality Council - Monthly beginning 2000 United Way of Greater Rochester - Monthly beginning 2000 Monroe County Department of Health - Quarterly beginning 2000 Dioceses of Rochester - Bi-Annually beginning 2000 Head Start - Monthly beginning 2000
<b>Concerned Individuals Groups</b> Early Childhood Development Initiative Quality Council Advocacy Committee Children's Agenda Universal Pre-K Steering Committee Children's Institute	Early Childhood Development Initiative - Monthly beginning 2000 Quality Council Advocacy Committee - Monthly beginning 2000 Children's Agenda - Monthly beginning 2000 Universal Pre-K Steering Committee - Monthly beginning 2000 Children's Institute - Monthly beginning 2000
<b>Child Care Resource &amp; Referral Agencies</b> Child Care Council	Child Care Council - Quarterly Meetings, Monthly communication beginning 2000

**Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan**

- Maximizing Child Care Block Grant funds for eligible families
- Clarifying Monroe County's ability to open and close cases when funds are available- additional clarifying language added to plan
- Improving case review process to ensure information provided by childcare provider and family is accurate- clarifying language with steps added to plan
- Ensuring authorized care is provided with minimum safety and health standards- proposed continuation of additional local standards to conduct home visits and health and safety inspections of informal providers
- Increasing Informal provider capacity to provide quality care and conduct business with the district- proposed additional local standards to add a quality improvement home visiting component and enrollment seminars to assist providers in appropriately filling out forms and communicating with the district.

**APPENDIX B-5\***

**CHILD FAMILY SERVICES PLAN**

**List of Required Interagency Consultation**

**RUNAWAY HOMELESS YOUTH (RHY)**

<b>AGENCY TYPE</b>	<b>AGENCY NAME</b>
Department of Human & Health Social Services	Emergency Housing Unit of DHHS - Youth Emergency Housing Specialist attends monthly RHY Providers meeting and on going site visits to youth shelters Children & Family Services- one to one case consultations
Community Based Agencies Funded by the Rochester-Monroe County Youth Bureau	The Salvation Army of Rochester attends monthly RHY Providers Meetings Hillside Children's Center attends monthly RHY Providers Meetings The Center for Youth Services attends monthly RHY Providers Meetings
Adult Shelters & Teen Parent Shelter	Mercy Residential Services Melita House (shelter for pregnant & parenting teens) attends monthly RHY Providers Meetings Homeless Services Network- all shelter & homeless providers in Monroe County- all RHY providers are members & attend regularly. 'Youth' providers have a seat on this steering committee.
Legal Aide	Youth Advocacy Program Representative attends RHY meetings periodically & one to one case consultations
OMH Services	OMH Intensive Case Management - one to one case consultations Community Based Mental health Services - one to one case consultations
Education- Rochester City School District & all town districts	Attendance Office - one to one case consultations
Health	Threshold- physicals for youth in shelter & outpatient care Strong Adolescent Medicine- "Doc's on board" - street outreach health care St. Mary's Hospital & out patient services - physicals for youth in shelter & outpatient care
Employment - MCC Stages, Arbor Site, Private employers	One to one case consultations & site visits at individual RHY programs

\* This appendix is only required if the county receives RHYA funding.

**Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan**

The Youth Bureau and the R/HY programs have an on-going 24-referral agreement that allows for these agencies to work cooperatively to best serve the needs of runaway/homeless youth. The Runaway Homeless Youth programs meet on a monthly basis with the R/HY Coordinator to monitor the 24-hour agreement and share resources and address common issues. The meeting location rotates in order for program staff to be up to date on each other's services. Ongoing issues include access to education, affordable housing, employment, mental health services and staff training. Community agencies are invited to the RHY Providers meetings for additional training and to introduce new services and /or resolve access issues/concerns.

The R/HY Programs are designed to work within the existing comprehensive youth services system. Every youth who receives services from a R/HY program is assessed individually and each youth's needs are met by accessing and advocating for that particular youth among the broader youth services community. Each youth brings with her/him a set of circumstances that present a unique demand for services. For some youth that may mean the case manager contacting the Department of Social Services Child Protective Services; accessing alcohol and substance abuse services; contacting the youth advocacy program for an educational guardianship affidavit; or connecting the youth with mental health services or family counseling. In order for the programs to be successful at meeting youth needs, each program has to have connections with multiple services including DSS, schools, employment services, health providers, drug and alcohol treatment providers, law enforcement and other R/HY programs. As a result of the runaway services history in Monroe County, many of these relationships are long standing. All three agencies have formal linkages with the Rochester City School District through Chapter 1 funds, Monroe County Department of Social Services and health care providers. In order to address ongoing communication and access concerns for this population the RHY Coordinator & the RHY Providers are standing members on several cross system committees. These committees include Department of Social Services Children and Services Subcommittee of the Citizens Advisory Council, Office of Mental Health Children's Services Committee, Monroe Council on Teen Potential (MCTP), Homeless Services Network (HSN) and Youth Services Quality Council.

## APPENDIX C

### LIST OF DATA SOURCES USED IN NEEDS ASSESSMENT

<b><u>SOURCE</u></b>	<b><u>CHECK ALL USED</u></b>
1. NYS Touchstones Kids Count Data Book	<input checked="" type="checkbox"/>
2. Monitoring and Analysis Profiles	<input checked="" type="checkbox"/>
3. Child Care Review Service	<input checked="" type="checkbox"/>
4. US Census Data	<input checked="" type="checkbox"/>
5. OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>
6. Child Trends Data Bank	<input checked="" type="checkbox"/>
7. Prevention Risk Indicator/Services Monitoring System- PRISMS (OASAS)	<input checked="" type="checkbox"/>
8. NYS Department of Health (such as Vital Statistics)	<input checked="" type="checkbox"/>
9. Surveys	<input checked="" type="checkbox"/>
a. Communities That Care Survey	<input type="checkbox"/>
b. Search Institute Survey	<input checked="" type="checkbox"/>
c. TAP Survey	<input type="checkbox"/>
d. United Way (Compass Survey or other)	<input checked="" type="checkbox"/>
e. Other (please specify): Monroe County Youth Risk Behavioral Survey, Monroe County Health Department	<input checked="" type="checkbox"/>
10. Other Data Sources including archival data (please specify):	<input checked="" type="checkbox"/>
a. Bureau of Labor Statistics	<input checked="" type="checkbox"/>
b. MCDHHS Housing/Homeless Services 2003 Report	
c. Children's Defense Fund (data on child poverty)	<input checked="" type="checkbox"/>
d. 2003 Monroe County DHHS Budget	<input checked="" type="checkbox"/>
e. Monroe County Youth Bureau	<input checked="" type="checkbox"/>
f. Monroe County Office of Mental Health	<input checked="" type="checkbox"/>
g. Monroe County Health Department, Vital Statistics	<input checked="" type="checkbox"/>
h. Monroe County Office for the Aging	<input checked="" type="checkbox"/>
i. <i>PINS: Summary of Program Outcomes and Program Plan for January 1, 2004 to December 31, 2004</i> , DHHS	<input checked="" type="checkbox"/>
j. <i>Close-Up on the NYS Economy</i> , Center for Governmental Research	<input checked="" type="checkbox"/>
k. <i>Benchmarking Regional Rochester</i> , Common Good Planning Center	<input checked="" type="checkbox"/>
l. <i>Measuring Sprawl and Its Impact</i> , Smart Growth America	<input checked="" type="checkbox"/>
m. <i>Report to the Monroe County Legislature</i> , Blue Ribbon Commission on Monroe County Finances	<input checked="" type="checkbox"/>
n. <i>Upstate NY's Population Plateau</i> , Brookings Institution	<input checked="" type="checkbox"/>
o. Catholic Family Center, Refugee Resettlement program data	<input checked="" type="checkbox"/>
p. <i>New York, the State of Learning: Statewide Profile of the Educational System</i> , NY State Department of Education	<input checked="" type="checkbox"/>
q. <i>Out of Reach</i> , National Low Income Housing Coalition	<input checked="" type="checkbox"/>
r. NYS Division of Criminal Justice Services, 1992 and 1995 reports on Disproportionate Minority Confinement	<input checked="" type="checkbox"/>



## **APPENDIX D**

### **Relationship Between County Outcomes and Title IV-B Federal Goals**

- see outcomes section

## **APPENDIX E**

### **SUMMARY PLANNING PROCESS OPTIONAL FORM**

- see planning narrative

## **APPENDIX F**

### **TECHNICAL ASSISTANCE NEEDS**

The Department of Human and Health Services is always looking for new ways to reduce costs and provide efficient and effective services that are based on results. Therefore, information regarding program evaluation, funding opportunities and evidence based/research based programs is helpful. The State ICP Coordinator has provided useful information in these areas in the past.

DHHS is also interested in learning about ways that will build community strengths. A community wide evaluation of Monroe County's current strengths would be a helpful starting point. Methods and funding to conduct this type of evaluation would be useful information.

Rochester-Monroe County Youth Bureau is interested in training youth development workers to identify mental health issues in youth. It is believed that if youth with mental health issues are identified sooner, services can be obtained earlier on. In addition, with proper training, youth development workers can provide further support to youth with mental health issues. Information on the types of training available for youth development workers would be helpful.

**APPENDIX G**  
**PUBLIC HEARING**  
**APPENDIX G**  
**PUBLIC HEARING (OPTIONAL APPENDIX)**

**Public Hearing**

**Monroe County**

Public Hearing Held: January 7, 2004 (15 days prior to submittal of APU)  
date

Public Notice Published: December 19, 2003 (15 days in advance of Public Hearing)  
Date

Newspaper: The Daily Record *Please see attachment 7 for the public notice.*

Number who attended: 115

Areas represented at the Public Hearing: *Please see attachment 6 for the public hearing invitation.*

<u>X</u> Health	<u>X</u> Legal
<u>X</u> Child Care	<u>X</u> Law Enforcement
<u>X</u> Adolescents	<u>X</u> Other <u>City of Rochester</u>
<u>X</u> Mental Health	<u>X</u> Other <u>Funders</u>
<u>X</u> Aging	<u>X</u> Other <u>Developmental Disabilities</u>
<u>X</u> General Public	<u>X</u> <u>Other</u> <u>Fire Bureau</u>
	<u>X</u> <u>Other</u> <u>Education</u>

*Please see attachment 8 for a list of public hearing participants.*

Issues identified at the Public Hearing:

The hearing consisted of presentations and breakout sessions. During the presentations, an overview of the Integrated County Plan was given. In addition, the managers of Child and Family Services, the Youth Bureau, and the Adult and Older Adult Care Path presented an update since the last plan on their areas and their plans for 2004-2006. The breakout rooms covered separate topics such as Child Welfare, Community Youth Development, Adult and Older Adult Services, Day Care, and Detention. The hearing attendees answered the following questions in the breakout rooms:

1. What do you feel are ways that DHHS is being effective in meeting the needs of this area?
2. What are the primary barriers to being effective in this area?
3. What are some concrete ways of reducing these barriers?

*Feedback from the breakout rooms is found in attachment 9.*

